



# Dr. Sarah Newbery

PRACTICE LOCATION: **MARATHON**

SPECIALTY: **FAMILY MEDICINE**



## What drew you to rural practice?

Being deeply embedded in community. Outside of my years at University and in training, I have always lived in rural settings (and specifically places too small to have traffic lights!), and have seen over and over the kind of impact a good physician can have on individuals, and on the health and well-being of a whole community.”

## How did you decide on the scope and location of your practice?

Rural practice is a generalist practice, and that’s what I wanted. The decision then about where to practice originally was based on coming to a community as a group of four classmates to build a practice together, choosing a place that needed us, and also staying on the Canadian Shield which my husband loves very much. In terms of this particular place, there was only one full time physician here at the time, Dr. Gord Hollway, and his openness to doing things differently with a focus on how we could build something together that would allow a balance of work, learning, and growing both as professionals and as people was really key to choosing this particular place.

## What would a normal work week look like?

My scope of practice is a generalist practice. Most of my clinical time is spent in the office, but I also provide ER coverage, inpatient care, palliative care and have several administrative roles. I am not sure that there is a “normal” week, but part of what I really like is the variety. No two weeks are the same, and I value the flexibility and stimulation that comes with the variety.



## Do you feel your training prepared you for rural practice?

Yes, I do. I think that the Thunder Bay site for residency was great. It was not as academically rigorous as other programs, but the opportunity to be “first call” on all services and grow my skills and confidence for practice was really valuable. I chose electives and rotations that allowed me to focus on what I felt I would need for rural practice. I do think more training in the practice management part of our work would have been helpful.

## What do you like most about living and practicing rurally?

The broad scope of practice, the seamlessness of the system, the nimbleness for creating change, the ability to base diagnoses in part on knowing who people are and what their context is... those are things that I like most about rural practice. Living in a small community like this is also quite simple... there is no traffic, no struggle to find a place to park, no commute and the day to day challenges that emerge in urban life for so many of my colleagues are not my challenges.

## What are the challenges of living and practicing rurally?

The lack of anonymity can be hard... I struggle sometimes to forgive myself for my errors... it is hard to have missed a diagnosis in a friend or neighbour, and I have to find my way through that, hopefully in partnership with them. I think that the other thing is the challenge of needing to provide great care with limited resources when I am worried, or fearful... the other day, during my ER shift, a local guy crashed his snow machine at 70km/hour into a post. When the ambulance called in that a 16 year old was coming in semi-conscious with a significant head injury, my first thought is that it might be a friend of my son who is 17. That extra complexity of having relationships with people in the community can add a layer of fear that I have to be mindful of, to recognize it, but not be paralyzed by it, and to be aware of how it can bias my thinking.

## What would your advice be for a student considering rural practice?

I would advise you as a medical student to train as though you are going to go rural. If you prepare yourself to be in a small community, then that door is open to you... and all other doors remain open, too! If you don't train as though you are going to work rurally, it is hard to make that door open comfortably after your training is complete.

Once your training is done, then go rural... for six months, for a year, for two... It astounds me the physicians in leadership positions and positions in academia who look back on their rural experience as one of the most powerful and influential experiences in their career. Do it... even for a while. I believe you will be a better physician for the rest of your career as a result.

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