

Dan Shuman helps Haitian earthquake victims in February, 2010. He was enticed to rural Ashland, Kan., in part because the health system encourages its physicians to volunteer overseas for eight weeks a year.



# Mission accomplished

Remote Kansas town recruits mission-focused physician

By Lindsey V. Corey

**Ashland, Kan., is a tough sell.  
Turns out that was a selling point for Dan Shuman, DO.**

"I don't think it's coincidental," he says. "Hard-to-place locations have the highest need, so that's where we're supposed to be."

Ashland Health Center had seen 11 providers come and go in 18 years. For a solid decade, there was no doctor serving the 24-bed critical access hospital, nursing home and rural health clinic.

It was a physician recruiter's nightmare.

But physician recruiter Benjamin Anderson isn't easily intimidated. He thought he could help, so he left Dallas to become the hospital's eighth CEO in less than two decades.

In a remote town of 855, he couldn't rely on a desirable location or high earnings to attract doctors. And the hospital's old approach wasn't working.

"There are always exceptions, but typically four types of docs go to small towns," Anderson explains. "You have the

local guy, which is the best case scenario because he stays to raise a family where he grew up. You get the creep with something to hide who can't work around other doctors. You get foreign doctors, and I don't want to discount work visas, but from what I've seen they stay for their required three years and then go to an urban area, so it's not a long-term fix. And then you have missionary docs. If you don't have access to a local, that's the answer."

But if it were that easy, rural communities wouldn't have health care workforce woes. So Anderson sought advice from the Via Christi Family Medicine Residency Program faculty a few hours away in Wichita, Kan.

"Benjamin, being a visionary sort of guy, realized the need to find the right kind of character for whom medicine isn't a job, it's a calling," says Scott Stringfield, MD, associate director of the residency program and a University of Kansas clinical associate professor. "Desperately recruiting any warm body is a short-term solution. He recognized that it's not just about the skill set but about who the person is. A typical ad will say we'll pay you big money to work in a beautiful, exciting location. But he wants to attract a person looking for meaning. It's what drives a physician to forgo prestige, power and financial opportunities. We talked a lot about how they've got to give them that meaning and then set him or her free to pursue their calling to serve people."

The same physicians who want to serve Third World countries would be well-qualified to work in a critical access hospital and well-suited for life without big city conveniences, Anderson explains.

"A family that is willing to live in a mud hut in Africa is also willing to live in remote America. It's not that rural represents the developing world," he says. "These are the best places to live if you're not out for ego, money, prestige, shopping malls, reservation-only restaurants. Our location being what it is in western Kansas, we could maybe entice them with low cost of living, quality of life, small classrooms, but there are thousands of tiny towns that need a doc and have those things. We want someone who comes because they want to serve."

### A plan with purpose

So Anderson convinced the hospital's board to create a physician recruitment package that included eight weeks paid time off for mission work, and pretty soon candidates started calling them.

"Mission-centered physicians are at the top of their class," Anderson says. "You don't go to Africa if you're not motivated. They're actively seeking a job with a point and don't want to show up and work for the man and go home. In rural America, we can give them quality of life and a job with purpose. But the challenge is that many of them end up overseas. We can sit around and complain and say they should have more sense of duty to their countries, or we can create environments where they want to stay here. The more people in this little village of Ashland who go to a little village in Zimbabwe will have their lives changed and come back to build a culture

here with a broad focus and thus better care. We have to not only allow them time to work overseas but encourage it."

Stringfield, who practiced in Lyons, Kan., population 3,400, for eight years before "burning out," called Anderson's approach brilliant. It's timely too, he says.

**"Dan's heart beats for the underserved and populations where it's hard to get physicians to go. Ashland is exactly that."**

**Meredith Shuman, wife of Dan Shuman, Ashland Health Center chief medical officer**

"This generation of medical students has a greater desire to serve than past generations," Stringfield says. "More than ever, they are looking for a broad spectrum of training so they can serve in very challenging settings. It means Ashland can get a highly trained physician who has passion. He's created a unique fit for a lot of doctors who see themselves as short-term medical missionaries abroad who also want to practice in the states with their families where they have a sense of significance and purpose. What you get is a physician who is refreshed, encouraged, fulfilled and greatly endeared to that small town. Those eight weeks are well worth the investment."

### Rethinking recruiting

Based on his experience as a rural physician, Stringfield also encouraged Anderson to recruit a second physician, which Shuman is helping with, to limit on-call time and clinic hours. That doctor would work part time in Ashland and part time in a nearby

### Make it your mission to learn more

Join Ashland Health Center's Benjamin Anderson and Dan Shuman as they present on mission-focused recruiting during the National Rural Health Association's 10<sup>th</sup> annual Critical Access Hospital Conference at 10:30 a.m. Thursday, Sept. 29, in Kansas City, Mo.

For the full agenda and to register, go to [RuralHealthWeb.org/kc](http://RuralHealthWeb.org/kc).



Top: The Shuman children pull weeds at a taro farm to help a farmer on Molokai, Hawaii. Above: The Shuman family recently moved to rural Kansas, where Dan is the town's only doctor. Back row: Jordan, Meredith, Griffin, Dan and Leidi. Front row: Monica and Andrea.

rural community.

"Recruiting is hard in those settings because the need is so great and the workload so high, physicians worry about being isolated and overworked," Stringfield says. "However you can offset those things makes a huge difference. Sure it's inconvenient to drive an hour to a Wal-Mart or a theater, but it's livable if you're fulfilled. You've got to care for and to listen to the doctor and be an advocate for them. Benjamin did that for the Shumans."

Shuman, who left the country's fifth-largest multispecialty group in the country for Ashland in July, said the interview process was as unique as the offer.

"From the start, he was very interested in who we are and less about my resume," Shuman recalls. "It was a much more personal approach. We talked about how we want our kids to understand there's a bigger world out there. Then, when we got to the nitty gritty about my capabilities and the contract, we trusted each other, so it was easy."

Shuman says when he, his wife Meredith and five children visited

Ashland in December, most of their time was spent outside the health care center. The Shumans, whose three daughters were adopted from Colombia, say they felt welcomed to the community by Latino residents hosting a fiesta.

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Benjamin Anderson, Ashland Health Center CEO

"Typically when you bring a family in for an interview, a realtor shows them the nicest homes and best parts of the town and avoids everything else," Anderson says. "When you recruit mission-focused people, you show them opportunities to serve. It's not the traditional come-to-paradise approach. We lead off saying there's an intense need you can fill, which drew me here. With this model, the more remote you are, the better. And poverty is suddenly not a bad thing. At the Mexican dinner, families told them stories about having to drive almost three hours to the nearest Spanish-speaking obstetrician. That captivated them."

### Community connection

Prior to working as a staff physician at the large health system in an Austin, Texas, suburb, Shuman had opened a federally qualified health center on Molokai, Hawaii.

"We missed the intimacy and sense of community you get in a small setting," Shuman says. "A lot of doctors are comfortable with anonymity and rigid boundaries outside the hospital. For us, there's an advantage to knowing people outside of it, and with family medicine, it gives you a perspective you don't get any other way. I think you build trust more quickly, and it's deeper than if you only know them for 20 minutes every six months or so. I'm not just a doctor from 9 to 5 and then go home. In a community like this, they're investing in us so we want to meet them and help where we can."

Shuman says he was first called to be a physician in junior high. The family of seven prayed about the move to Ashland.

“Dan’s heart beats for the underserved and populations where it’s hard to get physicians to go,” says his wife Meredith Shuman. “Ashland is exactly that.”


And while faith may have brought the Shumans to Ashland, he doesn’t bring it up in the exam room.

“You can come in here and not know my religion, but hopefully you know you’ve been cared for in a really genuine way and maybe feel there’s something a little different about that experience,” he says.

“Everybody has a motivation for what they do; mine comes from wanting to relieve suffering the way I was

taught through Christ’s example. If a patient initiates it, I don’t ignore spiritual concerns because that’s part of the whole person, so it would be disingenuous to blow that off. But I’m not their pastor, and I won’t be imposing or try to influence how others think.”

The Shumans say they’ve been humbled by the community’s welcome.

“We really see this as a privilege,” Shuman says. “They will only recruit one or two physicians, so it’s a big deal. They’re entrusting us, and it’s interesting because we feel more like they’re doing us a favor than the other way around. We’re just so thankful to have the opportunity to erase disparities and to serve here.” 



# The middle is the best part.

Kansas City is in the center of it all.

Meet colleagues and experts in the middle at NRHA’s Rural Health Clinic (Sept. 27-28) and Critical Access Hospital (Sept. 28-30) conferences.

[RuralHealthWeb.org/kc](http://RuralHealthWeb.org/kc)