

John Richmond, M.D., TAFP's 2007-08 Physician of the Year, is

Caring for the heart of Dallas

By Kate McCann



Standing in front of Healthcare Clinics in the heart of Dallas, the atmosphere pulses with the constant motion of cars, buses and people. This area of exploding growth thrums with the heartbeat of the city, overpowering the rumble of passing traffic to emit an electrifying sensation—one of vitality and new beginnings.

This is where John Richmond, M.D., TAFP's 2007 Family Physician of the Year, had his own new beginning in November as he transitioned into what he calls his third life. Richmond rejoined the “front line of family medicine” after years of service to the academic world at the University of Texas Southwestern Family Medicine Residency Program and the Corpus Christi Family Practice Residency Program, and his previous work in private practice with Family Physicians Association in Dallas.

Patient relationships

When he speaks of the specialty and his new role, Richmond expresses an overarching satisfaction, joy and optimism that he has maintained throughout his career—family physicians are well equipped for the hard work it takes to meet patients' needs and will continue to fill an important role in the U.S. health care system.

“I worked all day yesterday, and worked like hell, but I enjoyed every minute of it,” Richmond says. “I saw a little bit of everything, the whole spectrum of age groups, but that's what family doctors do. I worked all day and had fun.”

In the search for his current position, Richmond looked for a family medicine practice headed in what he felt was the “right direction” for the specialty: where the physicians practice “extremely high-quality care” and make themselves available to their patients in addition to the normal 8-to-5 workweek.

“I really started thinking I want to be involved in a practice that is very front line, and to tell you the truth, probably needs to be involved with patients seven days a week if we’re really going to be true front-line family physicians,” he says. “In a practice I really believe you can make appointments with patients, you can have walk-in patients and you can have urgent-care patients.”

Using a rotating schedule, the three family physicians—Ronald Skufca, D.O., P.A.; Erik Maynard, M.D.; and Richmond—plus two nurse practitioners, one physician assistant and 28 other office staff keep Healthcare Clinics open from 8 a.m. to 9 p.m. Monday through Saturday and 8 a.m. to 6 p.m. Sunday for a largely Hispanic patient population and a mix of Medicaid, Medicare and other insurance.

“After the challenges of academia, he said he was ready to get back to the front line and, boy, he found it,” says Maynard, who joined the expanding practice in September. There are additional plans to increase both the clinic space and staff.

In practice, Maynard says Richmond always approaches a situation from a friendly “let’s-figure-this-out-together” position. Skufca identifies Richmond’s concern for his patients, involvement in their care and commitment to providing complete care, explaining that he performs a complete exam on every patient “whether they come in for a toenail problem or hypertension.” Those are the reasons his patients like him as a physician, says Clinic Manager Laura Miller. “His patients are loyal because of the way he treats them, very patient, how he explains everything and how he follows up with them,” she says. “They say they’ll follow him wherever he goes.”

Richmond returned to private practice because he enjoys taking care of patients and “wanted to go back to really being a doctor.” He also had the opportunity to evaluate his life within the family medicine residency programs—in positions that most hold for an average of three years and he had held for 15 combined—and realized that the self-imposed 80-to-100-hour workweeks were creating an “octopus effect.”

“Even though I appeared that it was just me and the patient, my mind and my body were worrying about residents, worrying about getting charts all done on the computer, and I was just pulled in too many different directions,” Richmond says.

“I had lost the balance in my life. I had to re-find it and I’m thankful I did. Even if you think you have the perfect practice, the perfect family and the perfect everything, you just really ought to take a look in the mirror and say, ‘am I going in the direction that I really, really wanted to? Am I practicing what I’m preaching?’ I have to say, it was a humbling experience.”

A vessel of knowledge

Richmond spent the first part of his academic life as an associate director and third-year medical student clerkship director, then director of the Corpus Christi Family Practice Residency Program. Here he gained experience working with students and residents that would prepare him for the next opportunity, returning to Dallas to start a family medicine residency program at UT Southwestern and Parkland Hospital.

“The majority of people thought I was absolutely crazy to go where the atmosphere was not conducive to family medicine, but really the time was right. The university had made the decision that we were going to have a

family medicine residency program. Parkland at that time was the largest teaching hospital in the United States that did not have one.”

As associate director, Richmond worked closely with his former Corpus Christi colleague, Director Robert Frey, M.D., to identify the needs and resources of the community, and coordinate the services Parkland already had to start the program.

When Richmond interviewed the first residents to come to Parkland, he asked two questions, starting with “what would you have done had you not become a physician?” “The most common response was first, a teacher, and second, a musician. I asked that to see how well they think on their feet. Then I would say, ‘I’m looking for pioneers’ and would ask my second question: ‘Is there anything you did to create something that had never been there before?’ I asked that because that’s how America was built and those are the people who made Texas. That pioneering spirit, you want your family doc to have that spirit.”



At North Dallas Shared Ministries Free Clinic for the Working Poor, John Richmond, M.D., teaches first-year medical students “what family physicians do”—treat patients’ acute needs and “get them plugged into the system” for life-long care.

After he’d recruited his pioneers, Richmond threw himself into training them to be more than just “happy, good doctors.” He taught the residents about the real world, giving them the confidence to handle all aspects of a front-line family medicine practice.

Maynard, his current practice partner, completed his residency while Richmond served as associate director at UT Southwestern. “When he was teaching, he definitely emphasized the real-world aspects of what we’re doing—that family practice is front-line medicine and we need to know how to deal with real patients,” he says. “At world-renowned medicine institutions like Parkland, the academics can argue over the more minute points of care, but he would say ‘this is what you need to know to deal with patients in the real world.’”

After spending nine years as associate director, Richmond became the director of the UT Southwestern residency program in 2004. Throughout his time at UT, Richmond was known to devote the majority of his time to training the residents, says Klemens Gustafson, M.D., who worked with Richmond on the faculty for a decade before retiring. “I’ve always referred to John as the most altruistic person I know, which certainly

extended into his interactions with the residents,” he says. “He never hesitated to take their phone calls or answer their questions, even when he was busy with his own practice. His attention to the residents even extended to private tutoring for board exams if the residents were having trouble.”

Maynard says that Richmond acted as a coach and teacher to the residents instead of being “paternalistic” or “my way or the highway” as other physicians can be. “That’s how he worked with me as a resident. With my scheduling conflicts and with other residents who had an issue, the door was always open to talk with Dr. Richmond to solve the problem.”

In his Physician of the Year nomination letter, submitted before his transition back to private practice, Alison Dobbie, M.D., professor in the Department of Family Medicine at UT Southwestern, wrote that Richmond “worked tirelessly as an associate residency director and residency director to provide a role model to literally hundreds of medical students and residents.”

Dobbie also wrote that he led by example. “Of four new faculty hired this year at UT Southwestern, two were previous residents under John and one knew him through his TAFP activities. All three new faculty openly state that John’s influence drew them to an academic career and specifically to work in our department.”



Richmond reviews a patient evaluation with a first-year medical student at NDSM.

One of the residents-turned-faculty is Manjula Julka, M.D., now an assistant professor of family and community medicine at UT Southwestern. Julka calls him a true family physician in every aspect, “a compassionate caregiver with unparalleled excellence in the practice of evidence-based medicine and preventive care, years of outstanding community service, an ideal teacher, a highly-skilled professional with active participation over three decades in local chapters and TAFP, always with a positive attitude in life and infectious enthusiasm that has touched many lives.”

Much of Richmond’s enthusiasm for teaching comes from his own educational experiences as part of the largest medical school class in the country while, at the same time, being part of the smallest medical school class. He was one of only 28 students in the second class at the University of Illinois College of Medicine at Rockford. “I was taught directly by patients and practicing attendees. Because I had a good experience, I was very motivated to make that commitment to the students and the residents.”

He also gained much inspiration from the medical school's dean, Robert Evans, M.D. Evans had previously served as the first director of medical education at York Hospital in York, Penn., and contributed to starting the family medicine residency program there—one of the first five pilot programs in the country.

“Dean Evans’ leadership and exposure to primary care gave me 100-percent confidence to come to Parkland and establish a family medicine residency program,” Richmond says. “I had experienced how to have a vision and carry it out, being part of a small school and part of an atmosphere that was new and electrifying. It’s about seeing good educational experiences and passing them along.”

Richmond’s passion for preparing students and residents for real-world family medicine didn’t stop at the boundaries of UT Southwestern, but extended to residents and students around the state through his work with TAFP. He served as the first chairman of the Student and Resident Conference and held the post for more than a decade, helping to organize the popular Residency and Procedures Fair that draws medical students to learn procedures like ultrasound and joint injections directly from the residents and enables the residency programs to recruit students.

“Dr. Richmond was the driving force behind the Student and Resident Conference for many years and always sought to make it better by finding new and exciting topics and speakers, and even introducing the residency fair one year,” says Kathy McCarthy, TAFP’s chief operating officer. “He’s a work horse. He doesn’t just volunteer to lead a committee or staff a conference in order to add a line to his CV, he genuinely puts his whole heart into its success.”

Richmond also served as the faculty advisor of the TAFP Resident Section of the Commission on Academic Affairs, was a longtime member of the TAFP Education Committee and was instrumental in helping TAFP acquire accreditation from the Accreditation Council for Continuing Medical Education, working with TAFP staff and TAFP members on the initial ACCME subcommittee in 1996.

Open heart, open home

In his personal life, he exhibits the same compassion, dedication and patience he has shown in his professional life, says Richmond’s wife, Carol, whom he met during his internship in Corpus Christi while she was working as a registered nurse at the Memorial Medical Center. “He’s a great guy,” she says. “All of the things about him professionally are mirrored in his personal life. He’s very kind, very sweet, everyone likes him and he’s dedicated to his family and friends.”

Through the 1980s and early 1990s, Richmond, Carol and their six children served as an emergency foster home for special-needs children from newborns to toddlers, taking care of 25 children in that span. “Life was fit to share and we shared everything,” Richmond says. Jasmine, Richmond’s youngest daughter caught the end of the phase. “It was good for all of us kids,” she says. “It is evident in all of our lives that we were taught to be very open to everyone, to care for them and to nurture them.”

Richmond also served as a teacher and role model to the Boy Scouts of America. Remembering his positive experiences as a boy, he got involved with the Boy Scouts as an undergraduate at Southern Methodist University and spent time with them every Saturday for two years. During the summers, he worked at a Boy Scout camp at Lake Texoma running the health lodge and teaching the first-aid merit badge. Once his own three sons were active in the organization, Richmond spent seven years as a Scoutmaster, only stepping down when

his youngest son, Luke, was a senior in high school. This was the same time that Richmond stepped up as residency director.

“One thing that really stood out about him was that he was involved with the Boy Scouts for more than 20 years and I never saw him take vacation that wasn’t related to scouting,” Gustafson says. “He used all of his personal time for them.”

Gustafson continues, “He is a very, very compassionate man who doesn’t have a selfish bone in his body. He will do whatever he can do to help anyone.”

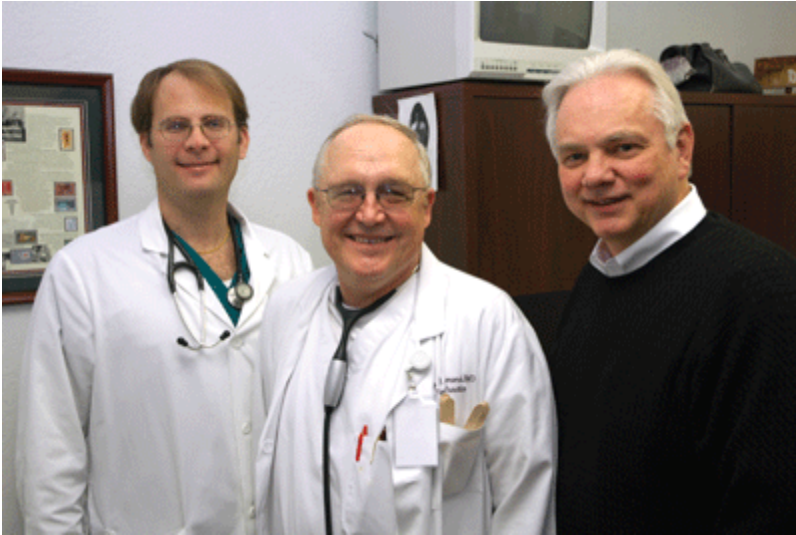
Since 2002, Richmond has volunteered as an attending physician for North Dallas Shared Ministries Free Clinic for the Working Poor. NDSM, made up of 40 different ministries, provides medical and dental care, immunizations, and women’s health to the northwest population of Dallas. Additionally, the clinic operates a food bank, a clothing thrift store, immigration counseling, and housing assistance for utility and rent payment.

“It’s an amazing package, a full-service facility, and it really serves a high predominance of the Hispanic population of northwest Dallas,” Richmond says. “It was brought on by the idea that the Hispanic population was very fearful of immigration issues and were very hesitant about getting involved in services in the community, so it was very much an entry-level to the system. Then from there, we point them in the right direction.”

Working with the student-run clinic allows Richmond to continue interacting with future family physicians. Clinic Director Nancy Volk calls Richmond a born teacher. “He loves working with the students and is passionate about the students having a good clinic experience,” she says. “Because of the type of clinic, not all physicians can practice here. It takes a special kind of person, someone who is dedicated to helping an underserved population.”

Richmond says he carried over a deep love and respect for the Hispanic population from his work at Parkland and his first private practice experience. “We all need a chance and we all need to be healthy. This is just another way to help people get plugged into the American system. They’re all very, very thankful for the services you give, and it’s the Christian thing to do.”

The fourth chamber



Richmond and his practice partners, Erik Maynard, M.D., left, and Ronald Skufca, D.O., P.A., right, practice “front-line family medicine” at Healthcare Clinics, about a mile and a half from downtown Dallas.

Richmond shows no signs of slowing down now that he’s back in private practice, and he still optimistically talks about the future. To him, his current practice embodies the future of family medicine. The clinic is not “fancy,” he says, but the way they serve patients “is happening exactly the way it should. I have an office now where you can go in at 8 o’clock in the morning and you’ll be seen.”

“The big buzz word now is ‘medical home’ and ‘patient-centered care,’ but [family physicians] have been doing medical home for all our lives,” Richmond says. “We were made for it. The medical home is when the doctor is really there and available.”

He asserts that family physicians will be the ones to solve shortcomings in the U.S. health care system, using their creativity and leadership to come up with a plan as well as using their innate drive to put in the work and carry it out.

Richmond will be one of those leaders. Throughout his three lives, his composition has remained steady, a quartet working together like the chambers of the heart: desires to serve others, learn, teach and excite change. Like a heartbeat, this consistency has kept his finger to the pulse and allowed him to meet all challenges in his path, and it will allow him to meet those to come with the knowledge and compassion he has embodied all along.

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