

# Spider in the Spotlight

An interview series with Richmond alumni sponsored by the University of Richmond Alumni Association.  
Students are encouraged to learn about the career paths of fellow Spiders and connect with the Richmond network as they get started on their own path.



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**A distinguished neurotrauma specialist who has advanced treatment protocols and improved outcomes for patients with injuries to their head or spinal cord, Dr. Jack Wilberger is chairman of the Department of Neurosurgery at Drexel University College of Medicine and directs the neurosurgical residency training program at Pittsburgh's Allegheny General Hospital.**

### **At UR you majored in journalism but became a neurosurgeon. How did that happen?**

I had no idea whatsoever of medicine when I got to the University of Richmond. During orientation I met Joe Nettles, who was then the director of the journalism program. He was sort of your traditional, old-time Associated Press reporter that you see in Superman movies—that sort of thing. I'd worked on my high school newspaper and he just had a magnetic attraction. I truly owe a significant amount of what I was able to accomplish to Mr. Nettles. He was quite an inspiration for me and he became a friend which lasted until he died. He was one of the first people I met walking onto campus, and from that meeting I decided that journalism was the way that I was going to go. Around that time journalism was a very hot field to get into. I actually spent part of the summer interning up at the *Washington Post* when the Watergate stuff was going on. And I stayed with journalism for the four years that I was there. But during that time I took an obligatory introductory biology course—there were 400 or 500 students in the class. For some reason it captured my attention. As I kept moving forward I took more science classes and I started to think, "Well, maybe there's a better option for me." I still didn't have any real inclination of going to medical school but I continued and actually went to summer school one year so that I could get enough science credits. I didn't decide to try to go to medical school until I was probably into my third year. So I was a little bit behind.

### **What advice would you offer to current students?**

Richmond offers so many opportunities in so many different areas. And it probably offers ten times more than it did when I was there in the 1970s. I think most students coming out of high school now kind of have a preconceived notion of what it is they are going to do. But I think the best thing they could do is take advantage of all the university has to offer—check out courses that you wouldn't normally consider. It could lead you down a totally different path than you ever expected. In the end, it could result in a very satisfying career path that you never thought of when you walked in the gates there for the first time.

### **Like your experience in introductory biology?**

I was simply fulfilling a science requirement; although the next year, I took a course which at the time was supposedly one of the most difficult biology courses. It was called comparative anatomy, taught by Professor Woolcott. That was the other thing about the university: it had professors who were really engaged with the students and very interested in each student. And that's what really helped me consider the possibility of medicine. We were dissecting various animals—it isn't a pleasant thing to talk about but it really was an intense experience—and I suddenly realized that I can actually do this sort of stuff.

### **Do you think having this diverse academic background has helped you as a physician?**

Absolutely. In my years of medical education I've come to believe it's important. I'm not so sure that it's the best thing in the world for folks to get into a track in the middle part of high school—if not sooner than that—and then that's their entire focus. They focus on getting to the best school, getting all the requisite grades and the scores on the examinations and then getting into medical school, and then getting into a residency training program. Unfortunately, in my view it's led to people coming out at the end of that tunnel being one-dimensional and somewhat immature. They really have not had anything outside of this focused track on medicine. They get out and they're 32 years old, or sometimes they're 36 years old, and that's all they have, medicine. To me, I like to see students coming on board who have had a lot of experiences. I encourage them to have different experiences, because once they get into medicine, that's going to be their career, for the most part. All this other stuff that they could have done in college is gone forever. I encourage folks to take advantage of everything that's available in college, whether it is in enrichment or anywhere else, because they're not going to have that chance again. Drexel College of Medicine is a school that takes non-traditional students. We have a number of students who are older than many of the usual demographic. We have a significant number of minorities. We have a good number of students who struggled somewhat in their college careers. We take great pride in helping these students make their way through medical school and so very often they turn out to be really good physicians.

### **Do you have any thoughts about how one networks in your field?**

Networking is obviously extremely important when you're practicing medicine because that's the way you get patients, and keep patients and gain new patients. Networking to get into medical school—that's another question. Last year we had 14,000 applications for the 250 seats that we have in our first year medical school class. The only real networking you can do is if you have a parent who's on the

faculty at that institution. [Laughs] This is the harsh reality, but really the only true networking you can do is if you have some type of legacy position within that institution. Otherwise—even beyond medical school and going into residency—it's highly competitive and networking doesn't play a big part. There are a lot of blogs out there for medical students and for people going into residency training programs, but most of them are related to students giving their opinions about one program is like, or what one school is like. But that's the extent of the networking that goes on as far as I can tell.

### **Do you have a favorite memory of Richmond, of being in school?**

I don't want to put this completely above everything else, but one of my favorite memories is a game. Back then we weren't quite the athletic power that the University of Richmond is now—in football, and certainly even less so in basketball. The Robins Center had opened just a few years prior to this, but we finally had a basketball team that could at least play. There was this kid named Stewart [Aron Stewart, R'74] who was a major player, and one of the best who had been there, at least up to my time. We played Virginia Tech and Robins was sold out. I don't know how many that meant, it seemed like, to me, probably over 10,000 people. We beat Virginia Tech that night, probably my most memorable event that took place on campus. This was probably '72 or '73—right around then. It was crazy. It was really crazy and back then that was not the kind of thing you would typically see on the U of R campus. I'm sure since then they've had a good time with their football success. It will be interesting to see the new stadium once that opens up this year. I'm looking forward to getting to a game.

### **How do you relax?**

I have several hobbies but I can't say that I spend that much time on them. One big hobby is photography. I like nature photography and I do as much of that as I can. I developed an interest in gardening, and once the garden had gotten established, I just thought that some pictures of these things would be nice. So I started there. I do play golf on occasion. And I love to read. That's one of my major interests.

### **What are you reading now?**

*The Great Santini* by Pat Conroy. I've read all his other books, but I've never gone back to read this one. So, I just started it, actually last night.

### **Is there a book that you have recommended more than occasionally to people?**

In my field, the book that I've recommended the most is maybe something that people beyond medicine would be interested in. It's called *Forgive and Remember* by Charles Bosk. It's about managing medical failure and this is a big issue now. For better or for worse, there are always going to be mistakes made in medicine. We're all human and we all make mistakes at some point in our lives. We do the best we can to avoid them, but they're going to happen. The most important thing that we do, on a weekly basis, is take a very close look at those mistakes that have occurred. We don't blame people because of it, but we try to learn from it, so that the next time that situation arises, that mistake is very unlikely to occur a second time. So you need to forget about them in a certain way, but you also need to remember what you need to do the next time in order to prevent that from happening again.

### **Is that a change in medicine since you started practice?**

Actually, that book was written probably 20 or 25 years ago. So, the concept has always been there, particularly in surgery. But right now there's such huge focus on medical errors and how much they cost us in terms of lives and also of finances. We need someone to pay close attention to that, and that's something that occupies a lot of our time with our patients these days. We always want to do the best we can, but we know that we're human. We have to learn from our mistakes. As I said, we don't do it in a blaming environment; we do it in a learning environment.

### **What's on your iPod?**

I'm pretty eclectic. I'll listen to almost whatever is on the radio. On my iPod, I have almost every type of music, from classical to rap. So, I can't say that I have a specific favorite, but it's just a general eclectic taste in music.

### **Are you a surgeon who has music in the operating room?**

I do. I use music in the operating room. There are some surgeons who say they never will use it because it's too distracting. There are others that feel that it helps to calm the environment. The operating room can be a very tense situation. Even if everything's going fine it can be tense.

And sometimes just having that background—for that, probably classical music. It seems to be more calming. My favorite is Vivaldi. And actually, he became my favorite when I was at the University of Richmond. I took a music appreciation course simply because I wanted to explore what was available out there and that was my very first exposure to Vivaldi. He's been my favorite composer ever since.

### **Do you have a favorite place on campus?**

My favorite place on campus was old Student Center [now Weinstein Hall]. It used to have a relatively small luncheon area with these machines that you could buy sandwiches and stuff from. Also, that's where the offices were for the Jeffersonian at the time, and I spent a lot of time working on the Jeffersonian while I was there. I spent a lot of time in that building, and it was one of my favorite spots to hang out.

### **How about a favorite place in the larger world?**

Rome. I think I've been there four times now. The history just intrigues me so much, going all the way from the ancient ruins near the Coliseum to the Vatican. I've walked that route many times, just looking at all the different things. Obviously, art is a major attraction there. The architecture appeals to me. And of course the food is another attraction there too. So that's my favorite place to go internationally.

### **Living or dead, is there someone you would like to sit and have dinner with?**

The person I'd like to talk to the most would be Lincoln. And that's mainly because I've read a lot of biographies and other things about Lincoln and the Civil War. It's one of my favorite topics to read about, in terms of history—and not just because I'm from Richmond. I have an interest in Civil War medicine in general—more people died from medical disorders in the Civil War than died from battle injuries. So it's a topic I talk about at different venues just to get me away from what I usually do. As for Lincoln, he had to deal with a situation that was unprecedented. He had very little information to work with. The information that he had was usually delayed in a significant way. He had to make decisions with whatever little information he had, and yet he was able to guide the country through that awful period of time and bring it out the other end, I think, better for the experience. Even though, for that brief period of time, things were a lot worse. I don't know how I would manage in a situation like that. I have to make decisions every day that are life-and-death decisions, but the huge difference is I have immediate information to work with. He was making those decisions without that definite information and he made the right decisions.

### **So is our problem today information overload?**

Well, yeah. Unfortunately, these days people have all the information and many times they make the wrong decisions. That's what we see coming out from the financial markets and our activities in the Middle East. So maybe too much information is not a good thing either. At least we now have the opportunity to evaluate that information and attempt the best decisions that we can. Lincoln didn't have that available to him, and a lot of the information he got was erroneous. It was rumors. It was exaggerations. It amazes me that more people weren't killed in that war than there were because you could imagine what it was like on those battlefields. How could anybody know where anybody was at any given moment? There were no communication mechanisms except for maybe a hot air balloon trying to fly up and make surveillance. Part of the reason I maintain my interest is because it's so incredible that—even though a lot of people died—a lot more people didn't die.

### **Any special great people you met at Richmond?**

Well, I did enjoy spending time with [then-university president] Dr. Bruce Heilman. I was fortunate studying journalism of having access to folks like him because I would do interviews for the Jeffersonian. One of the big ones that I did was with him. So I had access to people who were the brains of the organization at the time, like [prior university president] Dr. George Modlin. I very much enjoyed having the opportunity to interact with them. I can't say that I fully appreciated what they were doing at the time because of my immaturity, but they certainly grew this great university to be, as you well know, one of the major players in the country today.

### **What does Spider pride mean to you?**

When I went there it had an excellent education but it was like \$500 a semester. I don't think I got any less of an education than the folks are getting there now. They're getting a wider breadth perhaps. The faculty at Richmond impress me with their commitment to the institution. It tells you a lot about how good an institution it is.

—Mike Field reports from Baltimore

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