

## Lisabeth Maloney: Putting medicine in perspective

By Laura Stephenson Carter

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It's early April, and DHMC Medical Director Lisabeth ("Lib" or "Libby" to her friends) Maloney, M.D., is sitting in her sunny office on Level 5. Her left hand is splinted and bandaged. She confesses that she cut herself badly on a Pyrex bowl that broke while she was washing dishes. The injury doesn't interfere with her work, but it has kept her from her favorite pastime—bike-riding. She's irritated because she's going to have to wait several weeks before she can ride the new custom-made bicycle her family gave her for Christmas.

She took up bicycling about eight years ago and loves to take 25-mile rides around the Upper Valley as well as biking vacations—last winter, she took one in New Zealand with her husband. "It's very re-

laxing, it's hard work, it keeps me fit," she says. "It's a time where I can think about things . . . put lots of things into perspective as I burn up some calories." She laughs.

Lately, she's had a lot to put into perspective. Her career and family, for instance. Typically, DHMC clinician-leaders practice medicine as well as carry out fairly substantial administrative duties. But last November, Maloney made what some might consider a risky decision—risky in terms of her career, but one that she considers sensible in terms of her family. She has given up the practice of medicine, at least for now.

"My kids are approaching high-school years," she explains, "and the stresses of teenagers [being] what they are today, I said, 'This is the time for me to be home more, not less.'" Her daughter, Bridget, is 14, and her son, Connor, is 11.

When she decided to cut back her hours, she then had to figure out whether she could continue as medical director and as a clinician—just doing less of both. "It became clear that I had to choose one or the other," she says. She picked her leadership role. Now she works a four-day, 45-hour week—usually Monday through Thursday—instead of a six-day, 65-hour week. "It's incredibly brave of Libby to step out and say, 'This isn't right—I'm not going to do it,'" says Fran Brokaw, M.D., chief of general internal medicine.

"Right now it's just on an interim basis, until I decide what's right for me and the organization decides what's right for it," Maloney says. "We do have a pretty strong commitment here to our leaders being clinically active."

This isn't the first time Maloney has headed down a daunting path. In fact, her career could have gone off in a whole different direction

if she had listened to her freshman adviser at Dartmouth. After she told her adviser that she'd always been interested in medicine but that she enjoyed art and architecture and design, too, the adviser "looked at the grades I had gotten my fall semester, and she said, 'Well you'd better go into architecture, because there's no way you're going to get into medical school with grades like this.'"

If anything, that comment only strengthened Maloney's determination to become a doctor. "It set up a challenge for me to . . . see whether I could make it into medicine."

Maloney graduated magna cum laude from the College in 1977, but even so, getting into medical school wasn't easy. "The adviser almost proved to be right," Maloney says. "I was rejected by each school I applied to but one—that was Boston University." But yet another harrowing twist was to come. After she had received her acceptance, she got another letter from BU, apologizing for having sent her a rejection letter in error. "The next day the 'rejection' letter came. I have both of those letters somewhere."

Maloney's resolve to pursue medicine was firm, however. Her father was a general surgeon in Atlantic City, N.J., and she—the youngest of his four children—was the only one who wanted to become a doctor. When she was in middle and high school, she worked in his office during the summers and on weekends and would occasionally accompany him to the operating room. Later, she worked for an ophthalmologist and enjoyed the experience so much that she considered a career in ophthalmology.

She changed her mind in medical school; she'd discovered something else she loved—anesthesiology. "The field itself . . . is exciting—the technology, and the rapidity of events that take place, how you have to deal very quickly with a changing set of circumstances," she says. And, she adds, "what's interesting and rewarding about anesthesia is the need to create very quickly a strong relationship with the patient to get them through a very stressful experience in their lives. I think I have been pretty good at being able to do that."

Maloney has established a good reputation among physicians, too. Says Brokaw, "I had aneurysm surgery a year and a half ago and Libby did my anesthesia. When I asked my surgeon, 'Who's the best?' He said, 'When I can get her, Lib Maloney.'"

While Maloney was in medical school, she did a rotation in anesthesiology at DHMC. She says she was so inspired by the doctors here

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that she applied to DHMC's residency program. Then, after completing her residency in 1984, she joined the staff at DHMC. "She was the first woman" in anesthesiology, says David Glass, M.D., chair of the department. "The first one to have a child. From the good old boys' bastion . . . [it] helped all of us realize there were issues that were important to understand."

It also became apparent that she had a talent for administration and leadership. "Her first really important and difficult assignment was when we were a fledgling department," says Glass. While anesthesiology was making the transition from a section to a department in 1990, Maloney led a task force that examined how to divide up a scarce resource—nonclinical time—in order to create more time for academic activities. It was a "very sensitive issue," says Glass.

Maloney has since served on and chaired a number of committees and boards and held several leadership positions. In 1987—a couple of years after she completed an additional year of specialty training in neuroanesthesia, at DHMC and the Mayo Clinic—she was named director of neurosurgical anesthesia. She was appointed to the MHMH Board of Governors in 1989 and to the Hitchcock Clinic Board of Governors in 1992. She was associate medical director from 1991 to 1994, working with medical director Howard Rawnsley, M.D. When he retired, in 1994, she was acting medical director for a year before being appointed medical director in 1995.

**A**lthough today one of Maloney's charges is to build a leadership development program, she, like most of DHMC's physician-leaders, had to learn leadership skills on the job, with the help of "some really good mentors. David Glass," for one, she says, "is very effective as a chair in supporting and guiding his faculty [and] was a key for me in my development into this position."

Glass, in turn, marvels at Maloney's quiet competence. "She can chair or participate in a meeting and never lose her cool," he says. "Everyone feels they can be an equally active participant and that their views are truly being listened to."

Maloney also considers Stephen Plume, M.D., president of the Hitchcock Clinic from 1990 to 1999, a mentor. "When I was starting out on the Board of Governors, it was hard for me to feel comfortable in saying what I thought was important," she says. "Here I was as a young person in an environment where there are lots of clinical chairs who . . . have been in leadership positions for a long time. Stephen and I would meet regularly off-line [and] talk about a lot of things. He would create a way in which I could express those things comfortably at the Board of Governors by greasing the skids of the conversation and then asking for my opinion. That really helped me."

Plume says Maloney is "extraordinarily competent. It was a joy to work with her and to watch her self-confidence develop over the

years." He admires her "quiet calmness, even-handedness, and open-mindedness . . . and fortitude and stamina."

Maloney identifies James Varnum, president of MHMH, as another person who "has been really, really helpful and supportive. [His] door's always open. You can go in any time, sit down and talk and be honest and open and feel that [you're] being listened to."

**W**hen asked whether she has had any female role models, Maloney is silent for a few moments. "Not really," she says finally. "There have been some women that I've interacted with here. I have valued what I have learned from them, but there hasn't really been any significant female role model for me."

But she has certainly been a role model herself—for Jocelyn Chertoff, M.D., for instance, who, Maloney says, "is developing as a wonderful leader for us." Chertoff is the director of gastrointestinal radiology and the assistant medical director for medical staff affairs.

Brokaw also sees Maloney "as a role model and a mentor," but adds, "When I was in training, I didn't have any female role models either."

As medical director, Maloney's responsibilities include carrying out the credentialing and privileging process; leading the quality improvement and quality assurance

programs; and overseeing the institution's leadership-development initiative. One quality improvement project involves assessing patient satisfaction. DHMC is switching from telephone surveys to mailed surveys so more patients can provide feedback about their health-care providers. That information is put to good use. One clinician, surprised by negative feedback, "made some significant changes," says Maloney. "We have already seen improvement."

Other improvement projects include creating relationships with skilled-nursing facilities so DHMC has a place to send inpatients who no longer need acute care; optimizing care for patients with end-stage renal disease; reorganizing certain physician and nurse teams; and improving care in the ICU and the cardiac intensive care unit.

Maloney finds it especially stimulating to be a part of the leadership-development initiative. "I think it's no surprise to anybody, no new news, that the health-care delivery system has changed substantially in the past few years," she says. "Physicians, in particular, have new challenges on their plate to try and keep pace with all of the changes." One project she's working on to help them do so is a pilot mentoring program. "We have three mentor-protégé pairs working on specific areas," says Maloney. She herself is working with Brokaw to create a "tool kit" for section chiefs. She feels strongly that "we as leaders have a responsibility to grow and develop new leaders who can carry on in our stead."

No doubt she'll be thinking a lot about how best to do that when she gets back to taking those long bike rides. ■

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