Mary E. Maloney, MD

**unexpected challenge**

At 5-feet tall, Dr. Maloney says her height was actually a professional challenge. “People equate short with young, and so for a long time, it was hard to get taken seriously, not by my colleagues who knew me, but many times by patients who would ask, ‘Have you ever done this procedure before?’ Once we had a rapport, that went away, and it was wonderful. I’ve had wonderful patients who have been very supportive.”

When Mary E. Maloney, MD was growing up, her mother told her she could do anything she wanted to do. “She forgot to tell me I can’t do everything,” Dr. Maloney quips. Now Chair of the Department of Dermatology and Director of Dermatologic Surgery at University of Massachusetts Medical School, Dr. Maloney says that if she had had a mentor in the early years of her career, she might have achieved that realization sooner.

Only the second woman in the US to complete a Mohs Fellowship, Dr. Maloney’s CV lists numerous accomplishments. But, she says, the most significant accomplishments, “have been the teaching and the mentoring that I’ve been able to do…My goal is always to elevate people to much higher levels than I could attain myself…Everything that I can do to have them take that next leap forward for themselves in the specialty makes me proud and feel great about what I’ve done.”

Dr. Maloney is especially proud of her role in developing the Leadership Institute for the American Academy of Dermatology, “which has just done a tremendous amount for mentorship and leadership training for young people and sometimes not-so-young people and has given them the leadership skills to move forward and to take us to new levels.” She has been an advocate for the specialty and a keen observer of its growth.

What is the status of women in academic leadership in dermatology currently?

**Mary Maloney, MD:** To answer that question, we first have to consider the state of women in medicine. Women comprise almost 50 percent now of medical school admissions today. In many schools they have parity or actually a little more and, strikingly, we haven’t seen as many women deans. We haven’t seen women chairs in other departments. But at the moment, in dermatology, there certainly has been an increase in women in academic roles. It’s not to parity yet, and women still are promoted a little more slowly, but I think that dermatology has done much better than medicine as a whole with representation of women in more senior positions.

To what do you attribute progress?

**Dr. Maloney:** Dermatology attracts really bright, hard-working physicians, male and female alike. It’s very competitive to get into dermatology. We have a lot of really strong, strong women who have now entered dermatology. We’ve come a long way in that realm. With a very competitive nature, we brought these people in. That’s number one.

Number two is we’ve learned about mentorship. When I was in residency we certainly didn’t call mentorship “mentorship.” You would find a role model, but it wasn’t quite the same as the mentorships as we now have them. Today we mentor the men and the women, and we really help people find their strengths and their interests and then help them promote that.

It used to be that there weren’t very many role models for women as chairs, and so it was hard to see yourself as a chair or a dean. As time has gone on, we have had the wonderful role models, those women who have been the first woman chair, who have been the first woman president of the American Academy of Dermatology, and so much more seems possible. (Visit PracticalDermatology.com to read Dr. Maloney’s take on work/life balance.)

What did you miss by not having true mentorships?

**Dr. Maloney:** Mentorship offers you a senior person’s perspective on things, which is very helpful in speeding you up, slowing you down, helping you modulate your career or to see the possibilities. Many of my mentees are now some of my very dearest friends and some of the people I count on when I’m doing projects. You don’t have that same relationship with a role model. A role model is someone you stand back from, look at, and model their behaviors. A mentor is somebody who shares their successes as well as their failures so that you can learn from their mistakes as well as from the things they’ve done well. I think that really makes it a very different relationship.

I tell all of my mentees that I plan to learn as much from them as they learn from me. I also tell them and fellows: “I’ve made so many mistakes. Let me teach you the ones I made so that you don’t have to make those. You have to invent a new mistake.” Those are the kinds of things I think mentorships are all about. It is really a trusting relationship where you share the good, the bad and the ugly, and everybody gains from that.
There is some perception that dermatology is an especially flexible or even an “easy” specialty. How do you react to that perception?

Dr. Maloney: I actually don’t think dermatology is easy because dermatologists work very hard. When I’m driving home at 9:00pm at night and I’ve been at the office since 7:00am, and I’ve stopped two bleeders and gone into the ER to see a patient, I don’t actually think it’s an easy specialty. I think that for us to stay on our game and to continue to be really great doctors, we all had to work very, very hard, and we still do.

I think that everyone, during their child-rearing years—men and women—need the ability and the freedom be family-focused for a while. Then you get your kids in school, and your kids don’t want to go anywhere with you anymore, anyway, and then you start to focus a little more on your career. But I think that should be true for surgeons and for everyone—this is not something unique to dermatology.

With the aging of the American population, the massive increase of skin cancers—and quite honestly, there is just a ton of autoimmune disorders and other conditions that we now can treat and help people with—we have a substantial access problem. So many of us are in private practice and not in the more mainstream hospital. I don’t mean to imply that’s mainstream and we’re out of it, but we sort of get forgotten, and that it’s hard for us to get in to do consultations because our offices aren’t in hospitals. We sort of let our colleagues down by not being as collaborative as they would like us to be—to see consults, to see sick patients in the hospital. That’s been one of the real perception problems with us in dermatology, and that’s not man-woman; that’s dermatology.

How can dermatology improve its image?

Dr. Maloney: Every person out there in the world has 2.5 dermatologic issues during their lifetime. That’s probably a low estimate. We are our own best advocates. Dermatologists are by and large wonderful, brilliant people who can really show someone the depth and breadth of dermatology as they care for them. I think that is one of the most important things that we all do and need to continue to do.

We need to serve our community and be seen in our communities. All politics is local. All visibility is local. We need to be out there building shade structures, advocating for sunscreens in parks, and giving talks to garden clubs about sun protection. If we share that amongst ourselves, it isn’t a huge burden, but it really does say that we care about our community.