



## **EPISODE 132 Do You Have An Inner Leader In You?**

**With guest Dr. Mayan Bomsztyk**

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HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hello and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 132. Our guest today is Dr. Mayan Bomsztyk who is the Deputy Chief Medical Officer for Veterans Affairs in the Sierra Pacific region. When Dr. Bomstyk was a resident in internal medicine at the University of Washington, she did not have any plans or aspirations to be a leader. Her sites were focused on being an excellent primary care physician.

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While some people go into leadership because of an innate desire to climb the ladder and be in a position of authority, Mayan feels that she developed into a leader more because of how she enjoys connecting with and supporting others. There are many different types of leaders and ways to lead, but it's possible that you may be discounting your own leadership skills and potential thinking that you are not classic leadership material.

I'm going to be talking with Mayan about how she found her way through the back door into leadership, what qualities she brings to her role as a leader, and how you can evaluate yourself and explore your own inner leadership abilities. I'm very honored and excited to welcome Dr. Mayan Bomstyk to the podcast. Hi, Mayan. Welcome. How are you?

MB: Good. Thank you so much for having me. It's nice to see you again. Yeah, I feel honored and flattered to be invited to speak with you. Before I begin, I do have to give an official disclaimer that I am here representing myself as an individual. All my advice or perspectives is my own and not the official position of the VA.

HF: Well, thank you very much for that. We will just be focusing on that this is your journey. And speaking of which, I'd love to start your journey in medical school and what you were thinking about your career at that point, where did you see yourself going?

MB: Yeah. I think like so many others, I knew I wanted to be a doctor. I didn't really have a sense of what the day in and day out would look like. Quickly became very clear that I am not going to be a proceduralist. I am very clumsy. I was like, I guess that leaves the cognitive fields. And then from there, really during my third year clerkships is when I did my internal medicine rotation. They say your vibe predicts your tribe or some version of that. And it really was like when I did my internal medicine outpatient actually at the VA, I was like, this is my tribe. This is where I want to be. And it really felt quite intuitive.

And so, I think I'm lucky in that way, but it was a process of elimination of my own skills, knowing that I wouldn't want me to operate on my own mom. And then some degree of intuition when I did my medicine clerkship and was like, "This is right. This is the right place for me to be."

HF: That is such a great phrase. I hadn't heard that before. "Your vibe predicts your tribe."

MB: Something like that. I think there's like a meme out there somewhere. I think it's true. There's so many cartoons and memes out there about which branch of medicine you're in and what that means about your personality. And it's a generalization, but there's truth there too.

HF: Absolutely. And I've heard a lot of other people say that when they hung out with the orthopods or the radiologists, they just feel like, "Oh, these are my people. I belong here."

MB: Yes, yes, yes, yes. That was definitely my experience. And so, pretty much from med school knew that I wanted to be a primary care doc in the VA, to be honest.

HF: Had you thought or visualized yourself being in a leadership role or being an administrator or a chief medical officer?

MB: Absolutely not. Absolutely not. I come from a long line of people who think administration is a four letter word.

HF: Your father's a doctor, is that true?

MB: Yes. Exactly. So, it was not necessarily a positive connotation in my mind, although not my personal experience, just kind of what I had absorbed from my environment.



HF: Yeah. So then you got into residency and as a resident, were you noticing anything in particular about leadership skills or people commenting on anything about your skills?

MB: Well, I think one way that I'm very lucky is that I genuinely enjoy most people and that crossed disciplines and specialties. And so, when I was working as a resident, it was truly my pleasure to work interdisciplinary rounds and collaboratively. And I think that was picked up upon. And then you start drinking the Kool-Aid of "I really like this team. I really want to contribute to its success and making things better." And then you put all that together, you end up being in a leadership position, basically.

HF: Mayan, before we go any further, I would love it if you could give us an idea of what you do in your current leadership role as CMO.

MB: As the deputy chief medical officer for the Sierra Pacific region, I help oversee and coordinate medical operations for the seven facilities that are in Hawaii, Nevada, and California. We take a national strategy and try to help the healthcare facilities operationalize whatever that strategy is. And that can range anything from COVID vaccination to colorectal cancer screening. And I also create a community between all the leads in that region to share best practices, discuss obstacles and leverage resources from one site to another.

HF: That sounds like a very big position with a lot of responsibility. You're probably managing people. But when we think about how does someone actually connect the dots like you, when you didn't even think you're going to be in leadership to do something like this, there is a progression. I'd really like it if you could review how those roles progressed when you started out working in primary care.

MB: Yeah. I started as a full-time clinician in an academic clinic, and then I was asked to take on orienting new providers, new physicians and nurse practitioners to primary care in our clinic. From there, a year or two later, I was asked to take over the clinic as the

medical director. And I did that for several years. And then my husband got a job in California, at which point I applied to be the primary care lead for this region that I described, the three states. I did that for a year, and then I was promoted to deputy CMO. And so, that's how I ended up here.

HF: Well, that's great. It makes it seem more doable, but again, that is a pretty big job that you're doing. And so, now I wondered if we could mention your personality type on the Enneagram. You were very high in the helper, the type two, and a lot of what you already said already speaks to the two personalities. They tend to love people and they love connecting with people, supporting them, and they have a real heart for service too, as well.

Now on the Enneagram, there is a type, the number eight called the Challenger, but they've also been called the leader. And so, some people think, well, if I'm not a type eight, then I'm not really leadership material. Whereas the truth is all nine types of the Enneagram, we've had presidents in every single type. So, we're really looking at how does someone use their own personality to become a leader that's congruent with their personality type. So, you were very high in helper. And so, I'm curious to ask Mayan, when was the first time you really felt like you were acting a bit as a leader, even if it was in a small way?

MB: Oh, I think I'm kind of bossy. While I value everyone's voice at the table, ultimately. Within my medical career, probably when I started doing rotations, because I do trust my instincts. I think leadership is about having a vision, being resilient and bringing other people along with you. And so, I think probably even as a med student, kind of rallying behind what I thought was the right thing to do for my particular patient. And then certainly in residency and senior resident, and then when I became a chief resident.

But even after doing my chief year and I joined the VA, I really didn't think I was going to end up in administration. I really was like I want to be a great doc and I want to have some babies. And that was my vision.

HF: Okay. So that's interesting. You were selected to be chief resident and you said that you can be kind of bossy. You don't look like a bossy person actually.

MB: Oh, I can be bossy.

HF: But it's obviously whatever way you do that, it's working for people and yourself. So you become a chief resident. You do that and then you go and you become a primary care attending. How long did you work as a primary care physician before you took on another "leadership" role?

MB: About three years. I joined the VA, as many residents do, had babies pretty quickly after that. And then pretty quickly then... I mean, medicine is amazing, and of course, it takes forever to master, but pretty quickly I was like, "Okay, I'm ready to start using other parts of my brain and I want to be creative and I want to think strategically, and I want there to be variation in my day."

And one of the great things about administration is you can utilize different parts of your brain. There's the clinical side, which obviously we spend a ton of time honing and perfecting, but there's also the big picture strategically. Well, I think maybe I told you this, or it's certainly the way I think about it. When I started as a primary care doc, I felt really good about what happened in my exam room. I was like just whatever else is happening out there, when my patient comes into this room for that 20 to 30 minutes, they're my priority and I'm going to do what I can to move things forward.

And that was really satisfying and I felt like I got pretty good at it, but then after a while it was like, well, I also want to affect the things outside this room. And then that just kind

of rippled and rippled and rippled. And so, part of it was a desire for variety and creativity, but part of it also was like, if you're optimistic, I think you want to make a bigger impact. At least then I felt that I could do a one-to-one interaction.

HF: Yeah. And I hear that a fair amount with physicians is they see problems that they want to solve. They say, "I think this could be done better." They want to have more of an impact, and then they feel like they're stagnating a bit, even if they love caring for patients, but they don't really know what's next or what's possible.

And let's say if you can look back at this time and know that you evolved into this leader and chief medical officer at the VA position, what do you think you would tell yourself? Back then you wanted to make an impact, but really didn't know how she was going to do it, what would you tell her? Any advice you would give her?

MB: Yeah, I think it's the same advice I give myself now, which is concentrate on what really matters to you in a situation. Is it intellectual stimulation? Is it feeling at the end of the day that you moved things forward? Is it financial security? Is it lifestyle? And I think for me, it is very important to care about the mission and it is very important to feel connected to the people that I work with, both the patients that I serve and my teammates. And so, I love my job right now. I'm sure I won't be in it forever, but I will be looking for those if and when it's time for me to move on. It'll be what's the mission and who am I working with?

HF: The purpose really figures in there.

MB: Yeah.

HF: And obviously you've encountered probably a lot of different leadership styles, ones that work and don't work. If our listeners are thinking about, "Well, do I have what it takes to

be a leader? How do I even identify leadership qualities?" How might you start to speak to those big questions?

MB: I don't know. Do you think we're all leaders in some ways in some parts of our lives?

HF: Absolutely. And it may be a quiet behind the scenes type of leader, or it may be someone very visibly out front, but I think since we are the CEO of our own business and that's our life and our career, we're leading ourselves, no one else is really leading us.

MB: Right, right. I guess if that feels empowering, even just thinking about that, that you're a CEO of your own life, if that feels empowering or even if it feels scary, but it still feels attractive, then I think you dip your toe in the water and there's different contexts and different teams where people are going to enjoy being a leader or being more passive. But I don't think the professional realm is separate from your personality. I think if you enjoy being on the PTA or you enjoy leading the baseball team, or you enjoy X, Y, Z, that kind of involves organizing, having a vision and getting people to come along for the ride, then you probably should dip your toe and try something.

It starts small. I am always wary of people who are just doing leadership to do leadership. I think it is more natural and likely to be more successful if you take on something small, see how that feels, and then kind of leapfrog, or not leapfrog, but go from position gradual. For me that's what's worked.

HF: Where do you think someone might be selling themselves short if they're thinking, "I might want to have a role in healthcare leadership, or I want to just affect change, but who am I? I am just, as we often say, this or that." But they're still bothered by what they see as issues and challenges.

MB: I think that's a great question. You don't have to be the smartest person in the room. I am very often not the smartest person in the room. So, do away with that. You don't

need to be the most organized person in the room. You don't need to be the most polished person in the room. And so, if those are the things you're telling yourself as barriers, they're not real. Those are not real.

HF: You have your own style too. You were telling me something that you got on your 360 review. Do you want to share that?

MB: Yes. Yes. For better or for worse, I'm pretty transparent. And so, I was very scared to do my first 360 in my new role. And I did, and I sometimes swear during meetings when I get very excited. I never swear at people. And it's never from anger, it's always from enthusiasm or outrage. It's never personal. But yes, I did get feedback about that, and it was hard. I took it hard.

I think I told you this, Heather. I sat with it for some time and I certainly don't want to offend people, but I also realize part of leadership is fun for me, and part of it's being able to present myself authentically. And it's okay that I'm not going to get to the highest echelons because occasionally I say four letter words.

HF: I love that you're being you. That's one reason why I wanted you to come on the podcast to talk about leadership, because you don't have to be this classic image cardboard cutout that we may picture as a leader.

MB: You really, really don't. My experience has been people respond so much better when they feel like you're relatable. And it's not an act. You're relatable and you truly do follow up and try to meet people where they're at. And again, understand that everyone has a different perspective and different reason why they've ended up where they are.

HF: Absolutely. Did you have any formal leadership training? Did you take any courses? Are there books or courses or any programs that you recommend for people?

MB: I did not do anything formal. I probably should have. I wouldn't be getting 360s about swearing. But I have had great bosses, I would say. And then this is very, very cheesy, but Brené Brown "Dare to Lead." I loved that book. I think it's the first ever businessy professional book I read and I cried and I think about it all the time. I'm sure anyone who's familiar with her work will kind of jive with what I'm saying.

HF: Yeah. I can definitely link to that in the show notes. I love that you said you've had great mentors and bosses, because we learn often by what we see.

MB: Yes. I've basically had two bosses. I've been a doc for 10 years out of residency. And I think the thing about both of them, and I do not, I would not have been successful without this, is they always gave me the benefit of the doubt. It's not that I couldn't mess up or it's not that they wouldn't acknowledge if I'd made a mistake or I could have done something better, but they always gave me the benefit of the doubt. And so, I try to do that for other people. They always assume that I went in with good intentions and did the best I could in that moment, even if something went haywire. And it often goes haywire. Not often, but if you're out there trying to do things and be in the world, you're going to make mistakes. That's just what it is.

HF: Is there anything that's helped you when you have made a mistake or things haven't gone well to manage your own expectations of yourself and manage those feelings that can sometimes feel like shame or embarrassment?

MB: Well, I would say it's very painful, even for someone who's like, "Just be authentic. Just be yourself. Show up who you are." It's excruciating. I think many of us in medicine are perfectionistic and I'm no different, but I think the thing that I have tried to learn and I am better at is even if I make a mistake, and even if it's a bad one, it doesn't mean the general arc of my efforts and my career and my spirit aren't in the right direction.

I hate it that I've made mistakes in patient care, but I have. I've been a doctor for 10



years, so yeah, things happen. And just trying to say in some, the thousands of patients that I've touched, in general I feel really, really good about. And yes, I have also made some mistakes that are incredibly painful.

HF: Yeah. I think we have to look at the whole some and we tend to focus on the things that we would do differently that we wish hadn't happened. I think we all can get like that. I want to take a quick break and then we're going to come back and I want to talk a little bit more about resources for those interested in leadership. So, we'll be right back.

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All right, we're back here with my lovely guest, Dr. Mayan Bomsztyk and we're talking about developing your inner leader and thinking about if this is something you might want to do.

All right, Mayan, I am curious if you have some more tips for physicians who may want to move towards being in a leadership role, but are just exploring this idea.

MB: Yeah. I would say I think starting to say yes to small opportunities that feel interesting and aligned with your interests. So, whether that's volunteering to champion for patient experience or facilitating an interdisciplinary clinical meeting, just starting to flex that muscle a little bit of ownership over an effort that you believe in, no matter how small.

And I promise you, if you are enjoying it and you are good at it, it will lead to more doors opening. But you do have to say yes to the first thing. And I remember me saying yes to the first thing, which was essentially training people on the VA's model for primary care. And they asked me, I was like, "I don't really know what this is, but I do like the way the VA does primary care. So sure, I'll talk about it, I'll champion it." And then that snowballs into more and more opportunities. So yeah, say yes to something that you believe in and you practice taking ownership over it and having the buck stop with you, even if it's a small thing.

HF: I think that's a great suggestion because if we think about going from maybe where we're at right now to being a CMO or being in some far-reaching position, we can't see how it connects. And in your case, being of service and doing something that matters to you and making a difference is what usually motivates us.

MB: Right, right.

HF: I love your suggestion of just, just start small. I know a lot of physicians feel like the headwinds are too strong for making change and that kind of stops them in their tracks. Since you're able to see both the clinician perspective and the administrative perspective, how would you speak to this concern that, "Oh, I'm not going to be able to make progress, I'm not going to be able to make change, no one's going to listen to me?"

MB: Yeah. I'm very familiar with bureaucracy, but I would also say when you're in a leadership position, even a small course correction can have a big impact. And I do believe you can't change the world, but you can change the course of your ship by a degree or two and that will make a big difference downstream.

HF: Do you have any examples of change that you've been a part of in some of the roles that you've had?

MB: Yeah. I think a lot of us struggle with what it means to be an administrator and is it just bureaucracy or can you actually make impactful change? And at least for myself, I do feel like that largely based on the teams that I've worked with and the kind of mission of the organization I serve. So, different examples are the types of tasks that are assigned for physicians to do versus other providers on a team i.e. social worker, pharmacists nurse, so that everybody is working to the top of their licensure, which by the way is much more fulfilling for those folks as well.

As far as things that directly benefit patients, I've created infrastructure and programs that change and improve the way we do lung cancer screening and colorectal cancer screening. And then I feel like all the time I'm able to support directly, my direct reports and their direct reports, think about things, develop as professionals, as physicians, as people. And so, there are days that feel very red tapey, but there are many more days that feel like I'm making progress.

HF: I think those are excellent things to show that you can move the needle even though this feels sometimes like this huge Titanic ship where you can just rearrange the deck chairs.

I'm curious, when you're a leader, often you're having to make someone unhappy. By virtue of choice there's going to be someone you're disappointing. How do you deal with the people who are not happy with your choices?

MB: Yeah, it's hard when you're a type two, and you want everyone to love you and be everybody's favorite gummy bear. You can't do that. For me, the first thing is to realize it's not their job to like me. It is my job to be able to contain the fact that they are mad at me and do not like the decision I've come to. That is a part of the job. You got to be okay with that or get to a place or at least recognize that you have to be okay with that, even if it feels bad in the moment.

The next thing is I physically will open my hands to be like these are the cards on my table and this is why I made the decision I made. So, you have to be transparent, you have to be fact-based and you have to be kind. And then again, come back to they still might not agree with you, but generally they will be okay with your decision. They will accept. I think we get so wrapped up in wanting everyone to be totally aligned with us. That may not happen sometimes. We have different perspectives.

HF: That is golden, what you just said. And I love that you're a type two saying that because that probably is one of the hardest things for someone that is a type two to do is to make somebody unhappy by a decision.

MB: It sucks.

HF: Yeah. And the fact that you can find a perspective that they don't have to like you or be happy with the decision, but you have to feel comfortable with why you made the decision so you can move on and make a decision.

MB: And I think that's where the service comes in which ultimately it feels icky to me that you don't like me and you're mad at me, but I am beholden to something bigger than the "me" feeling beloved by you.

HF: You being their gummy bear.

MB: Yes, exactly.

HF: You may be the cactus.

MB: Yeah, exactly. But the cactus that's going to give water to a bunch of other people that need to come through.



HF: Right, right. It can withstand a lot of drought.

MB: Yeah, exactly.

HF: For sure. All right. Well, this has been a really lovely conversation. Is there anything else that you want to add or share on this topic of finding your own inner leader?

MB: Yes. I was thinking about why I was excited or interested in speaking with you and of course, everybody's favorite topic is themselves, and I'm just as narcissistic as everyone else. But I think what I would love people to hear is you don't have to do anything. You really can follow what you like and what feels good to you. You don't have to do anything. You don't have to take this course, you don't have to take that job or this job. So, don't force yourself into a mold that doesn't fit, that doesn't serve you, it doesn't serve your patients, it doesn't serve your colleagues.

HF: Well, it's true. When you are fully authentic with who you are and what matters to you, you'll find your path and that is really following your own inner leader.

MB: You're right. Exactly.

HF: Because you are leading yourself to where you're meant to go in your life. And that may be a leadership role, it may not be.

MB: Right. Right. Absolutely.

HF: All right. Well, that really helps to expand this whole topic of finding your own inner leader, because it's really leading to your true life, your authentic life. And that's not about a role or position.

MB: Exactly. Exactly.



HF: Okay. Well, I love that. I think that's a great note to end in. And thank you again so much Mayan for coming on the podcast.

MB: Thank you, Heather. I am flattered that you asked me and I appreciate the help you gave me several years ago. So, it's my pleasure to return the favor.

HF: You're so welcome. That's my absolute joy. And I loved working with your husband too, and we'll just give a shout out for his podcast, Dr. Dan Drozd who talked on informatics and digital health on the podcast.

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Podcast details

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