



GEORGIA OSTEOPATHIC  
MEDICAL ASSOCIATION  
— 1902 —

## GOMA News & Updates Volume 37, October 2022

### **Diana Sodiq, DO Discusses Women in Medicine**



September was Women in Medicine Month, and we caught up with Diana Sodiq, DO to ask her some questions about women in medicine. Dr. Sodiq got her DO degree from Texas College of Osteopathic Medicine, UNTHSC in 2005 then completed a residency in Physical Medicine and Rehabilitation at Emory.

Dr. Sodiq described her career path after residency with the following statement: "After residency, I was motivated and eager

to stay and join on at my academic institution and cared for patients there in an outpatient physiatry clinical setting from 2010 - 2018. In 2010, my self-identity changed, and I went from being a physician to a physician mom. Over the following years, I continued to work and also had three beautiful children. With the addition of each child, I found that I stretched myself thinner and thinner. It felt more like rushing in and out of the office, always leaving later than planned, charts piled, carrying both the mental load of work and home around as I attempted to balance it all as a physician mom. I was managing (or so it seemed), but it wasn't quite the life that I had envisioned for myself.

"After eight years in clinical practice, I finally decided that I needed to make a change. In 2018, I left clinical medicine to be a full-time caretaker for my kids and recalibrate. One of my biggest resets during that time came from being trained to teach yoga and getting certified in mindset and mindfulness coaching. I now teach other moms to use these tools in their lives. I started my physician coaching business, Exhale Coaching, LLC, and coach physician moms to explore what balance and happiness means to them so they can actively build a career and life to reflect that.

"In addition to my coaching endeavors, I found that I was not ready to retire from medicine fully. I still have a passion to use my medical knowledge to treat patients. Therefore, over the years, I have returned to the medical setting in various capacities to find which setting I enjoyed the most and have recently decided to contribute my skills part-time to an outpatient physiatry clinic, which seems the perfect blend for me."

Dr. Sodiq loves watching her 12-year-old son play soccer games on the weekends, her 10-year-old daughter compete in gymnastics, and play UNO or cards with her 6-year-old son. She describes her off time, "I enjoy going for walks with friends, getting a coffee and journaling, reading self-development or fiction books, and meeting old and new physician moms at our local monthly dinners. I enjoy recording podcast episodes with

my husband (“F the Joneses” podcast) or watching him at his comedy shows.”

Dr. Sodiq feels it is very important for women to be physicians. She supports that by saying, “Women are compassionate, intelligent, fierce, and loving. They make the perfect physicians.”

These days, Dr. Sodiq spend most of her time helping physician moms through mindset and life coaching. She helps them create more balance and happiness in their lives. Dr. Sodiq is open to emails at [exhalecoach@gmail.com](mailto:exhalecoach@gmail.com). She invites “Physician Moms” to join her free [Facebook group called Balance Talk for Moms in Medicine](#). Dr. Sodiq can also be found at [www.Exhalecoach.com](http://www.Exhalecoach.com) as well as on instagram @MamaDocCoach

Diana Sodiq, DO (**DS**) answered some questions for us:

***A high percentage of female physicians go part-time or retire after five years of practice, discuss the reasons for that.***

**DS:** As someone who coaches physician moms who are striving to create more balance in their life, we often discuss their interest to reduce their hours or change careers. Here are some common reasons why:

*Flexibility* - Many times female physicians are the caretakers in their family. This has them often carrying the load when things don't go based on the schedule. When a child gets sick or an aging parent needs attention, they need flexibility in their schedule. Working a reduced schedule or being retired affords them that flexibility to be more available for their family.

*Meaningful time* - After years of rigorous training, and sacrifice, some physicians find themselves unfulfilled after reaching their career goals. To try to find fulfillment, they may reduce their hours or leave medicine altogether, viewing that as an opportunity to have time and energy to deepen their relationships with others or find purpose in other things outside of medicine.

## ***What can employers do to make female physicians more satisfied?***

**DS:** When female physicians feel heard and supported, they will feel more satisfied at their place of employment. If work communicates and then follows through and creates solutions, the physicians will know they are being heard. For example, an employer that offers flexible work hours, scribe assistance, and onsite day care will show they are hearing the needs of their physicians. For support, employers can provide mentorship and coaching for female physicians as they transition through different phases of their life to encourage work/life balance and career goals.

## ***What can female physicians do to make themselves more satisfied?***

**DS:** Female physicians can:

**a.** Set boundaries. Saying yes to everything and everyone will result in feeling overwhelmed and dissatisfied. So, boundaries are important to have. Female physicians need to keep their priorities and values top of mind and say 'no' to those things that are not aligned with those. This will allow them to focus more time and energy on the things that bring them happiness and life satisfaction.

**b.** Spend time with loved ones. It's important to spend dedicated time with the people in your life who make you smile and lift you up. These interactions bring so much joy and fulfillment to our lives. Since life and work can get busy, it can be helpful to have pre-scheduled times to meet, such as a dinner-date the first Monday night every month or a phone call every Friday. And when it's prescheduled, no extra decision needs to be made because it's already on the calendar every month.

**c.** Take care of themselves. When physicians are short on time or stressed, self-care is often the first thing to go, but it's actually one of the most important parts that will get them through. Sticking to a self-care routine, even a simple 5-minute walk at

lunch or 3 deep breaths every morning, can make a huge impact to create more satisfaction.

**d.** Practice gratitude. Studies have shown this one thing can change your level of Happiness dramatically. Female physicians can start a simple gratitude habit each day or night by recalling or journaling 3-5 specific things/events they are thankful for from that day. It's helpful to really take time to visualize and integrate those things and the grateful sensations into your mind, body, and memory. This first starts as a habit and then just becomes a way of being and living.

***What can organized medicine (GOMA, MAG, AOA) do to advocate for female physicians?***

**DS:** Organized medicine can advocate for female physicians by creating avenues of communication and support for their Mental and Emotional health, physical health, career progression, and work-life balance.

- Mental and Emotional Health: provide therapy, mindfulness coaching, health coaching
- Career Progression: career coaching, mentorship support
- Work-Life Balance: work hours, flexibility, maternity leave, mindset/life coaching, health facility access

***Thanks, Dr. Sodiq!***

**[Not a Member of GOMA? Join Now!](#)**

**Mammogram Controversies Addressed by Zac Kuchta, DO & Alison Ulbrandt, DO**



October is Breast Cancer Awareness Month, and we felt that utilizing two Georgia osteopathic physicians who specialize in mammograms could help clear up issues around this important technology.

Zac Kuchta, DO graduated from LECOM – Erie, Pennsylvania campus in 2013 and did a radiology residency at Doctor's Hospital in Columbus, Ohio and a breast imaging fellowship at Case Western Reserve University in Cleveland. After getting frustrated with lack of reform at his job at University of Pittsburgh Medical Center, Hamot Hospital, he moved to Savannah, Georgia, to join a private practice. He is excited to be starting his own breast imaging clinic, Expert Breast Imaging, LLC. It will be located at 322 Stephenson Ave. Suite B in Savannah, GA and is opening October 10.

Dr. Kuchta states, "We will provide high quality, same day services, with exceptional patient centered care." He and his wife, a child psychologist, "have a 12-year-old English bulldog who excels at sleeping all day and three Siamese cats who excel at not sleeping throughout the night. Our hobbies include beach days, evening strolls through Savannah's historic district, Savannah's great restaurant scene, and running marathons," writes Dr. Kuchta.

Alison Ulbrandt, DO graduated from PCOM Georgia in 2014 before her radiology residency at Medical College of Georgia (Augusta University) and her breast imaging fellowship at Emory in Atlanta. Following fellowship, Dr. Ulbrandt joined private practice at Quantum Radiology in her hometown of Marietta, Georgia where she currently practices. Dr. Ulbrandt enjoys taking care of patients in the community where she grew up. She and her husband, a forensic accountant, have three boys (9, 6 and 1) that keep them very busy. She “enjoys family time, art projects with our boys and baking anything sweet.”

We asked both doctors about mixed messaging in regard to frequency and ages of mammograms. Dr. Ulbrandt responded: “Some societies do have different recommendations regarding the age to start screening, the interval of screening and the age to stop screening. However, all of the societies do acknowledge that starting screening mammography at the age of 40 saves the most lives and every major medical association with expertise in breast cancer care including the American Cancer Society, American College of Radiology and the Society of Breast Imaging continue to recommend annual screening mammography beginning at age 40. A significant contributor to the confusion on when to begin breast cancer screening came from the change in recommendation by the USPSTF in 2015 to begin screening mammography at the age of 50. An analysis published in AJR (American Journal of Roentgenology) showed if the USPSTF guidelines were followed, approximately 6500 additional women in the US would die each year from breast cancer in addition to many more women enduring more extensive and expensive treatment due to later diagnosis. Annual screening mammography shows the greatest benefit for women aged 40 - 84 with almost a 40% (39.6) mortality reduction which reduces to a 23.2% mortality reduction if following the USPSTF guidelines of biennial screening aged 50 - 74 (Hendrick and Helvie). Some of the evidence used by the USPSTF comes from data obtained from the Canadian randomized control studies, the Canadian National Breast Screening Studies (CNBSS), which have recently been shown to be significantly flawed including lack of adherence to

randomized control study protocols. Other breast cancer screening trials, however, continue to affirm that regular screening mammography decreases breast cancer deaths by approximately 1/3 in all women ages 40 and older (Hellquist et al and Tabar et al). This is a topic that could be discussed at length, so I won't go on, but I encourage clinicians to visit [www.mammographysaveslives.org](http://www.mammographysaveslives.org) or [www.sbi-online.org/endtheconfusion](http://www.sbi-online.org/endtheconfusion) to find more information and references as well as resources for their patients."

Dr. Kuchta added, "A lot of confusion or mixed messaging regarding screening mammography is because all women are being squeezed into three categories: high, intermediate, and average risk for breast cancer. Then you add in age guidelines and the expectation is, that experts in different specialties with their own respective societies are supposed to agree on management. The model is simplistic but leads to less-than-ideal patient care. Breast imaging is becoming more personalized and informed patient decision making with their provider has never been more important."

We asked both doctors about the guidelines having mammograms starting at age 40 and yet women do get breast cancer at younger ages. Dr. Kuchta responded, "This is a difficult question, and we are seeing more breast cancers in this patient age demographic. Any new or persistent signs or symptoms of breast cancer, in accordance with the ACR Appropriateness Criteria, should receive appropriate diagnostic imaging. All women should practice self-breast awareness and be aware of the signs of breast cancer. Personal breast cancer risk assessment is also recommended, but again, at what age to begin/end and at what interval, could be debated. Additionally, roughly 75% of women with breast cancer do not have a significant family history of breast cancer or did not meet high risk criteria at the time of diagnosis." Dr. Ulbrandt added, "Women below the age of 40 at average risk of developing breast cancer are not recommended for routine mammograms. However, evidence does support screening high risk women with



mammography and MRI beginning at age 30. Women should undergo a risk assessment by age 30 so that women at increased risk may be detected and begin screening.”

Both Dr. Ulbrandt and Dr. Kuchta agree that annual mammograms are necessary. Dr. Ulbrandt supports that statement by saying, “Early detection of breast cancer improves breast cancer survival. Annual mammography can detect cancer early when it is most treatable and can be treated less invasively while also helping preserve quality of life. (Research in BMJ- Influence of tumour stage at breast cancer detection on survival in modern times).” And Dr. Kuchta points out the problem with biannual mammography when he wrote, “Even for women 50+ years old, skipping a mammogram every other year can miss up to 30% of cancers.”

We questioned about the risks of mammography. Dr. Kuchta said, “Commonly cited risks are patient discomfort (shown not to be a deterrent to further mammograms), anxiety (same day services likely helps alleviate; national average between a screening call-back and diagnostic testing is 26 days), radiation exposure (benefits of annual mammography greatly outweigh radiation induced breast cancers. One study quoted 60-fold benefit with screening, ‘false-positive’ exams (a few extra mammographic views or breast ultrasound to rule out a cancer), costs (unfortunately, money is a major factor), and overdiagnosis/overtreatment (radiologists cannot look at a cancer on imaging and decide which ones may be indolent and which may be highly aggressive; again, patients should be given as much information as possible before making a decision).” Dr. Ulbrandt put the radiation risk in perspective when she said, “Mammograms do use ionizing radiation, but a very small amount. Risk of radiation induced cancer from mammography is low and about equivalent to 2 months of natural background radiation. Benefits of finding cancer early far outweigh the minimal potential risk of causing a cancer.”

Both physicians agreed that the gold standard for screening for breast cancer is mammography, and that the “researched alternative” that patients propose are usually whole breast ultrasound or MRI which have a higher sensitivity, but lower specificity leading to increased false positives and cost.

Regarding what age to stop doing mammograms, both physicians advise a more nuanced answer. Dr. Ulbrandt presented the data by saying, “SEER data shows that the incidence of breast cancer increases steadily from age 40 to the 70-74 age group and then begins tapering back down which is why some organizations recommend to stop screening at age 75. The decreasing incidence, in conjunction with advanced age and associated shorter life expectancy contribute to organizations not recommending continuing screening as the benefits may not outweigh the harms. As overall life expectancy for the general population has increased and many older people are healthier than they may have been in the past, patients may continue to benefit from ongoing screening after the age of 75. The ACR (American College of Radiology) and SBI (Society of Breast Imaging) recommend the decision to stop screening be a health-based decision rather than an age-based determination.” Dr. Kuchta added, “Age alone should not determine when a woman should stop screening mammography. There should be informed shared decision making between the woman and her provider. The harms of screening mammography, at some point, will in theory outweigh benefits.”

Regarding screening high risk women for breast cancer using MRIs, Dr. Kuchta edifies by stating, “In high-risk women, who meet criteria for annual screening mammography and annual screening breast MRI, the literature has not clearly proven a benefit as to whether women should alternate mammography and breast MRI every six months or acquire both mammography and breast MRI at the same time. Institutional or personal preference typically dictates the schedule.” Dr. Ulbrandt outlined who was a candidate for use of MRIs, “This includes patients with a personal BRCA1 or BRCA2 mutation or a first degree relative

with a BRCA1 or BRCA2 mutation without having been tested themselves, as well as patients that are estimated to have a greater than 20% lifetime chance of developing breast cancer by various risk assessment models, patients with a personal history of chest radiation between the ages of 10-30 and patients with certain syndromes. MRI is a highly sensitive exam and can detect some cancers that cannot be seen on mammogram or ultrasound. MRI though is not a substitute for mammogram as there are also cancers that can be seen mammographically that may not yet be detected on MRI, such as cancers presenting mammographically as architectural distortion or presenting with suspicious microcalcifications. Combining breast MRI and mammography, usually performed at 6-month intervals, increases the sensitivity for detecting a breast cancer in women at increased risk. Women at moderate risk of developing breast cancer (15-20%) may also benefit from adding breast MRI to annual mammogram and clinicians should discuss the benefits and risks with women in this category.”

Georgia is lucky to have two excellent osteopathic physicians in Alison Ulbrandt, DO and Zac Kuchta, DO on the front line in the battle against breast cancer!

---

**Ed Lin, DO is Catalyst for Bariatric Surgery  
Excellence in Coffee County**



Coffee Regional Medical Center (CRMC) has been serving South Georgia residents since 1935, and innovation and strategic growth have been hallmarks of CRMC's commitment to its community. One recent example is CRMC's Bariatric and Metabolic Center, a comprehensive weight loss center established in 2020 in collaboration with Emory Healthcare's Regional Affiliate Network. Chet Royals, MD, a CRMC general surgeon, leads the Bariatric and Metabolic Center along with Edward Lin, DO, Emory's chief of gastrointestinal and general surgery. Emory's Health Digest included an article about the collaboration between Emory and CRMC ([link below](#)), but we checked in with Dr. Lin on how the program was progressing. Dr. Lin wrote, "Once a month was my routine [to go to South Georgia]. However, they are now very self-sufficient, so I go down less. We are working hard on getting accreditation for their own Bariatric Center of Excellence, which will be November. The project was initially good, but then COVID took over. Even with COVID, we were able to keep focused and taking care of patients."

"They have talented people working at the hospital." Dr. Lin continued, "They had the willingness to build programs that offer more than the standard health services. Emory and I were merely the catalyst, and they took off. Unlike a 'missionary system' where we go in and come out, we are now making high-

end service lines part of the local healthcare fabric that will continue regardless of who they partner with. With this sticky relationship, we have been able to collaborate and co-manage complex cases. They have been able to build Centers of Excellence around orthopedics as well as cardiology services.”

<http://emoryhealthdigest.emory.edu/issues/2022/spring/features/coffee-regional-and-emory-healthcare-build-better-bariatrics-for-south-georgia/index.html>

---

## Lu Mitchell, DO's Artwork Featured on Magazine Cover



Lu Mitchell, DO's art is featured on the cover of *Physician Outlook Magazine* last month. This newsletter had featured Dr. Mitchell's art last December in GOMA's gift guide. She continues to work as a pain management specialist at the Harbin Clinic in Rome, Georgia. Dr. Mitchell did her Physical Medicine & Rehabilitation residency at UAB in Birmingham and her pain fellowship at Alabama Ortho Sports and Spine.

One can purchase her artwork at: [www.phoenixnoirdesigns.com](http://www.phoenixnoirdesigns.com) or follow her on [Facebook](#) and [Instagram](#).

## PCOM Georgia Students & Staff Serving Suwanee Community



In partnership with the President's Community Wellness Initiative, PCOM Georgia students and faculty members from the osteopathic medicine program recently volunteered at Suwanee Fest, A local event held in Suwanee Town Center. Students and faculty provided blood pressure screenings and educational materials to attendees, in addition to giving out children's reading material and more. Everyone agreed that it was a great way to get outside, teach others, and volunteer in the community.

**Register Now: GOMA 2022 Fall Virtual Conference**

**Livestream on October 21-22**

**or**

**View On-Demand Through November 30**

**Topics Include**

***Dysphonia For Primary Care***

***Rheumatology***

***Geriatric Psychiatry***

***Testosterone Complications: Facts and Myths***

***Update from the Georgia Composite Medical Board***

***Dysphagia and Odynophagia***

***Narcissism***

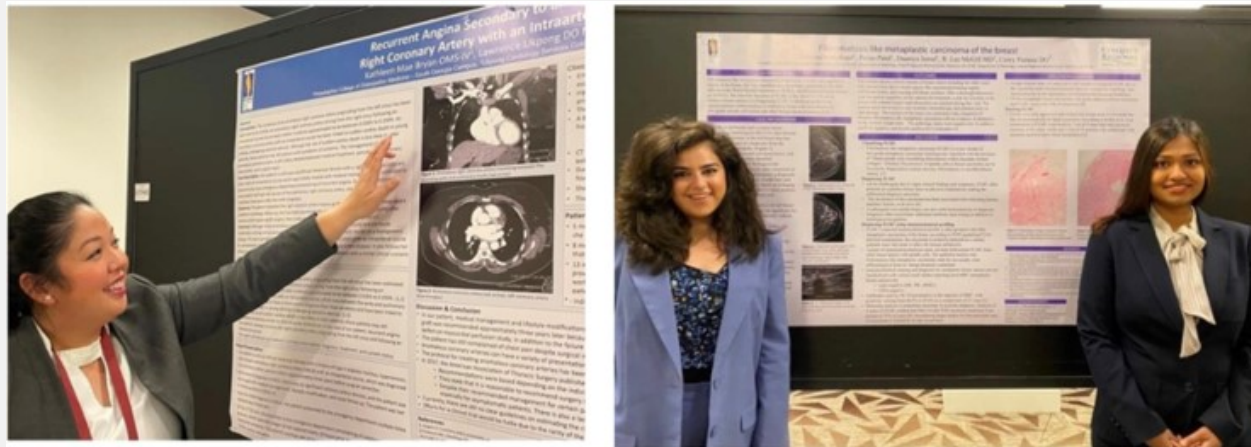
***Greenman's Dirty Half Dozen***

***Controlled Substance Prescribing***

**[Register Now](#)**



## Women In Medicine Doing Research



PCOM South Georgia students recently presented their research at the Annual Clinical Assembly for the American College of Osteopathic Surgeons. The students are completing their clinical clerkships and working alongside Colquitt Regional Medical Center (CRMC) physicians to conduct their research before presenting it at a national level.

Kathleen Bryan (DO '23) presented a case report titled "Recurrent Angina Secondary to an Anomalous Right Coronary Arter with an Intraarterial Course," which she completed with CRMC cardiologist Lawrence Ukpog, DO.

Shivani Sookchand (DO '23) and Daaniya Jamal (DO '23) presented a case report titled "Fibromatosis Like Metaplastic Carcinoma of the Breast" which they completed with CRMC radiologist Lee McGill, MD and CRMC pathologist, Cory Porteus, DO.

---

## DO Student Government Presidents Go to Philadelphia



PCOM South Georgia osteopathic medical student Matthew Peterman (DO '25) travelled to Philadelphia in August to represent the school at the most recent Board of Trustees meeting. As PCOM South Georgia's Doctor of Osteopathic Medicine Council (DOCO) and Student Government Association (SGA) President, student doctor Peterman, along with representatives from PCOM (Philadelphia) and PCOM Georgia, presented the SGA President's Report and fielded questions from board members. In the picture, left to right, are PCOM Georgia SGA President Sagar Darira (DO '25); Peterman; and PCOM SGA President Joseph Tran (MS/PHMA '24).

### **In Other Words**

***"I don't like to lose – at anything – yet I've grown most not from victories, but setbacks. I really think a champion is defined not by their wins but by how they can recover when they fall."***



-- Serena Williams, world famous tennis player