



Tammy McCausland:

This is Tammy McCausland bringing you SROA Soundboard, our podcast for radiation oncology administrators. I'm joined in conversation today with Dr. Malika Siker, Associate Dean for Student Inclusion and Diversity and Associate Professor of Radiation Oncology at Medical College of Wisconsin. Thank you for joining me today, Dr. Siker.

Dr. Malika Siker:

Thank you for having me.

Tammy McCausland:

My first question is, how hard is it for people to acknowledge that they contribute to structural racism? (0:29)

Dr. Malika Siker:

I think that's a really excellent question. It's hard for people to acknowledge that they contribute to structural racism because racism is a very loaded term. Nobody wants to be thought of as a racist or think of this country or their friends and family as being a racist. The term structural racism by definition doesn't necessarily put the blame on the individual, but the structures that we've put in place that advantage certain groups over the other.

Tammy McCausland:

And why should we care individually and collectively about improving equity, diversity, and inclusion? (1:09)

Dr. Malika Siker:

Well, I think the main reason is we all have to gain from improving equity, inclusion, and diversity in our field or any field really. The contributions of individuals who are disadvantaged by our current system aren't reaching us. And it could be that the next great cure for cancer or treatment or diagnosis may be trapped inside the brain of somebody that's not given the same opportunities. So if we want to rise as a society together, we need to ensure that everybody has the same opportunity to thrive. Another important reason is because it's the right thing to do. I think there is a moral imperative that those of us with privilege and power share it with those who have less.

Tammy McCausland:

If I could ask for a moment, how did you become so passionate about making healthcare and specifically radiation oncology more inclusive and diverse and improving health equity? (2:06)

Dr. Malika Siker:

I think for a lot of people that are active in this area either as a personal motivation and for me growing up as a person of color in a predominantly white community, I experienced a lot of discrimination and a lot of prejudice. And once I left my hometown and went to college and traveled, I realized that although



I suffered quite a bit growing up, I actually had a lot of power and privilege that I could share with others who didn't have as much as me. And so that's really what motivates me to contribute to this work as my personal story and wanting to share my power and privilege to others who have less. And a great way to do that is within my own field.

Tammy McCausland:

Does it strike you as a bit ironic that personally you've had the challenges being a person of color and especially growing up in a predominantly white community, but you also have privilege, I guess, that isn't lost on you? Maybe it gives you more power because you can speak to sort of being on both sides. (3:05)

Dr. Malika Siker:

I think that depending on our environment, we all have that dichotomy. In some environments, I'm someone who doesn't have as much power and privilege. And in other environments, I do have a lot of power and privilege. I mean, being a woman, being a person of color, sometimes I have less advantages. But certainly being a physician being born and raised in this country does give me a lot of advantages. So I think all of us can see ourselves in that way.

Tammy McCausland:

How does implicit bias fit into the overall context when we're looking at structural racism and trying to make improvements? (3:58)

Dr. Malika Siker:

I think implicit bias contributes to structural racism and a lot of different systems that advantage certain groups over the other. And by definition, implicit bias isn't something that people do consciously. We're raised in this country, or really not even specifically this country, but in many Western societies where we're taught through and sometimes unintentionally through the news that certain groups may be more violent than other groups, which is simply not true. And so it's incumbent on all of us to become familiar with our own implicit biases to overcome them.

One of the great examples that I like to give is from Dr. Quinn Capers, who is a leader in medical education and academic medicine in this topic. And he was the associate or assistant dean of admissions at the Ohio State University. And he made his entire committee undergo the implicit bias awareness test. And one of the tests looks at images of women. Images of women would show them either holding babies or are working at home. And the other images would show women in the workplace. And every single person at the admissions committee took this test, including all the women on the admissions committee. And 100% of the women on the admissions committee were biased against women in the workplace. So sometimes people can have an implicit bias even about themselves or their own group. And so it's not meant to be something that's punitive. It's just the way that our minds have been shaped through growing up in society.



Tammy McCausland:

In terms of health equity, let's look within the context of radiation oncology specifically, what is it that we're not doing that we could be? (5:58)

Dr. Malika Siker:

Well, I think that it just starts from a basic step. I don't think that people are even really familiar with the term structural racism or the concept of race being a social construct rather than a biologic one. So I think just taking a step back, I think that there's a lot of education that we need to do to educate those of us that are involved in radiation oncology just on some basic concepts like race and racism. And once we do that, I think we need to start critically asking ourselves how structural racism may be operating within radiation oncology, taking a critical look at where these inequities may exist. And there's some great articles by Dr. Curt Deville, Dr. Christina Chapman, Dr. Karen Winkfield, that discuss some of the inequities that might be taking place in radiation oncology around race or gender. And then the next step is to strategize, organize, and act within our local groups and our national groups as well.

Tammy McCausland:

You mentioned a couple of key researchers like Dr. Deville and Dr. Chapman. Do you have other go-to resources that you could recommend for administrators, both for themselves to learn and to share with their staff? (7:14)

Dr. Malika Siker:

Yeah. I think there's a lot of great articles being written either I mean recently or frankly even decades ago. One of the top thinkers in this area is Dr. Camara Jones who has been discussing race racism within medicine for decades really. So she's someone that I would recommend that people read as well as Dr. Rhea Boyd. Otherwise there's a lot of books out there that people are talking about right now. Right now at our institution we're doing a common read how to be an anti-racist, and he was one of the keynote speaker. Dr. Kendi was one of the keynote speakers at ASTRO. So you want to talk about race there's another book that I've heard people talk about. On Netflix, there's a lot of great movies out there, right, or documentaries out there right now that discuss topics surrounding race and racism. A good one is called 13th, which discussed the industrialized prison complex. And I think really makes the viewer understand the crisis that we're facing in the nation around incarceration. And so those are some go-to resources I think that people can engage with to start learning more about this.

Tammy McCausland:

That sounds great. Thank you for sharing that. What strategies can department administrators use when they find faculty and staff members may feel uncomfortable or threatened by discussions about privilege, diversity, and implicit bias? (8:50)

Dr. Malika Siker:

Well, I think that for those of us that are in radiation oncology departments who aren't afraid to have these conversations is to just start talking about it. There's ways to talk about it and ways that are non-



threatening to other individuals. And I think that it's important to those of us that have this knowledge to normalize it and to make others realize that it's okay to talk about.

Tammy McCausland:

Could you give an example of how one might be able to talk about it in a non-threatening way so that people don't feel alienated? (9:39)

Dr. Malika Siker:

I think it's all about finding common ground. So I think that most people fundamentally agree with a lot of the topics. Unfortunately it's become very politicized. And so someone might be more comfortable talking about gender inequities and racial inequities. So that might be a place to start the conversation. And then through the conversation and making the individual realize where those inequities exist, then going on to illustrate that those same inequities exist for racial groups or ethnic groups or sexual orientation. So I think it's about when you find someone that's uncomfortable, it's about finding that common ground, or you can start and then growing from there. And it doesn't all have to be accomplished in one conversation. But I think that we all have more in common than we do have in differences. And so it's important to find a common ground, especially if it's someone that may not agree due to political reasons or just they might not be familiar with these terms and ideas.

Tammy McCausland:

Do you think it would be helpful for all staff in radiation oncology from frontline to radiation oncologists and administrators to undergo bias training and also to do the implicit bias test? (11:00)

Dr. Malika Siker:

I think I have mixed feelings about mandatory trainings. In some ways I think mandatory trainings are important because everybody gets exposed to a certain training or education. On the other hand, if you have somebody that's very much against the idea, they might come in closed-minded, not appreciate the experience and actually come out of the experience with a worse understanding. So I think for the most part, I'm open to mandatory trainings as long as most people that are getting involved are open-minded and ready for the information.

Tammy McCausland:

So we've talked a lot about the environment in which we deliver healthcare. But I also wanted to ask you, should administrators also be mindful of opening the lens to patients to give them an opportunity to speak about where they may not have felt like they've had an equitable experience so that they can learn and make improvements? (11:55)

Dr. Malika Siker:

Absolutely. I mean, we're all patients, right? I mean, even though we have a role in delivering healthcare, on the flip side, we all have experience as patients as well when we receive our own



healthcare. So I think that any of us in healthcare have a right to empower patients because it's also empowering ourselves.

Tammy McCausland:

The last question that I have is so 2020 has been a terrible year, a stressful year, but it's also been in some ways a year of enlightenment. And that's I think come because COVID has raised awareness of the inequity, especially for minority communities, and the death of George Floyd also put the many issues related to minorities in the spotlight in a way they haven't been before. But as we go into 2021 and beyond, how do we make sure that we don't end up having fatigue about this issue so that we can effectively make incremental long term changes that are beneficial to improving diversity, inclusion, and health equity? (12:41)

Dr. Malika Siker:

I think that if there's anything that we've learned about 2020 is actually no matter how bad that we think things are, things can always get worse. And if we spend a lot of time dwelling on that, it gets very depressing and it's a hard cycle to break out of. So I'm a big believer in mindfulness, focusing on controlling what we can control within our own spheres of influence as well as having a growth mindset, knowing that as bad as things are right now, it's not going to be like this forever. So you're absolutely right. We can't lose energy around this issue. And we have to remind ourselves that it's really not a political issue. It's not a trend. It's not a fad. It's something that we all need to work on every day and incorporate in our regular work so it becomes automatic. And so we can't let ourselves lose energy and we have to stay positive and hopeful and work together.

Tammy McCausland:

Anything else you would like to add? (15:00)

Dr. Malika Siker:

I'd just like to thank your organization for having me on to talk about this topic. It's really an honor to have the opportunity to start this discussion and continue this discussion with your members.

Tammy McCausland:

Well, thank you for joining me today. It's been an absolute pleasure to talk to you, and I also appreciate all the work you've done in this field.

Dr. Malika Siker:

Thank you very much.

Tammy McCausland:

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