

MENDS

Resource Sheet

Educational and anti-bias training

This document provides additional information and resources about the following community-generated recommendation for hospitals:



“Provide trainings that educate and un-bias staff and providers to care for our community.”

The Current Challenge:

Anti-bias trainings, often called implicit bias trainings, are recognized by many experts as an important intervention to advance maternal health and health equity.¹ Multiple states have passed laws requiring maternity care providers participate in antibias training.² Hospitals in California, for example, are now required to implement antibias training for perinatal clinicians every two years.³ However, there is not yet evidence about what kinds of clinician training durably improve patient care or patient outcomes.

Bay Area-based research has documented qualities that patients and clinicians believe would optimize clinician training's impact.⁴ More information and a planning guide based on this research is below.

Independent of training, it is important to note that the institutional environment can augment or reduce the behavioral manifestations of implicitly held biases. Clinical team fatigue, burnout, and stress can make it more likely that individuals act on their biases.^{5,6} Additionally, we know that many studies have revealed that patients—particularly patients from populations underrepresented in medicine—wish for their providers to better understand them and their communities.⁷⁻¹⁰ This wish was echoed by participants in the MENDS strategy sessions as well.

How the MENDS Community Recommendations could help:

Having healthcare workers trained to reduce biases and better understand how to care for participants' communities came up multiple times in community expert discussion. For example, participants mentioned it both after hearing about an offensive interaction that one participant had, and when the facilitators asked what hospitals could do to have their providers and nurses better respect patients' wishes. Participants voiced support for both in person and online training, with testing to assess its effects.

Implementation Considerations & Strategies:

Strategies to address the community's articulated need for trainings that educate and un-bias staff and providers may include the following:

- Provide ongoing implicit bias training at least every two years, as required by law. Select and implement anti-bias trainings according to what patient and clinicians identify as impactful best practices, as published in Garrett et al 2023.⁴ A hospital planning guide based on this research is linked [here](#) and in the Resources section of this document. Top suggestions include:
 - Setting aside protected time for providers to complete trainings
 - Making trainings interactive, skill-building and/or simulation based
 - Incorporating real patient stories

In addition to trainings that facilities have already implemented (e.g., Diversity Science's, which was the most widely used in the state)¹² there are promising clinical team-focused trainings in development that hospitals may wish to consider in the future. These include the [CREATE](#) and [CPIPE](#) trainings, created by Bay Area-based intervention researchers. We will update information about these resources as these trainings, and their evaluations, become available.

Insights for skills-building around identifying and managing biases in medical education and clinical teaching can complement knowledge-based training. From Gonzalez and colleagues¹¹:

- [Twelve tips for teaching implicit bias recognition and management \(2021\)](#).
- Specific strategies and learning objectives for bias recognition and management for faculty: ["Recommendations for Faculty Development in Addressing Implicit Bias in Clinical Encounters and Clinical Learning Environments" \(2024\)](#).
- Relationship-centered communication trainings for clinical staff could be a great complement to anti-bias skill-building: <https://achonline.org/>

Engage community-based organizations (CBOs) and patient communities to determine what trainings will address the biases they experience in healthcare settings: CBOs as well as individuals on hospital community advisory boards can reflect on the experiences of their community members to assess and identify which training(s) would be most impactful for improving care.



- **Consider supplementary education to provide local context and educate providers on the communities they serve:** Educating providers about the communities they serve is a required component of California implicit bias training, but local context is not part of the most widely-used online trainings. Examples of supplementary education may include:
 - Engaging community-based organizations to conduct trainings or panel presentations
 - Holding periodic “community breakfasts” (e.g., guide [here](#))
 - Outreach at community-based events (like the [SF Pregnancy Pop-Up Village](#)) to put providers and staff regularly in interaction with community members.
- **Review provider training and education for bias, stereotyping, or inaccurate information about patients or patient communities:** An internal review of the clinical learning environment, where applicable, may help identify biases that are perpetuated systemically. The UCSF Anti-Oppression Curriculum Initiative, for example, provides a list of articles and [short videos](#) designed to support the creation of an actively anti-oppressive clinical learning environment, linked [here](#) and in the resources section of this document.
- **Take steps to reduce provider and staff burnout, stress, and fatigue:** As individuals are more likely to act on implicit biases when they are stressed, fatigued, or burnt out, taking steps to improve provider and staff wellbeing (for example, ensuring adequate staffing ratios when possible) may improve respectful care
- **Champion learning and antibias messaging for all patient-facing staff and providers at all career stages:** moments of transition (e.g., hiring, promotion, renewing privileges), can be particularly fruitful times to ensure training compliance and highlight antibias unit culture.

Resources:

- [Hospital planning guide](#) for impactful implicit bias training based on research with perinatal clinicians and Black mothers in the Bay Area (MEND Study Report).
- [CREATE Training NIH RePORT](#)
 - Racial equity training intervention for prenatal care settings to address disparities in prenatal care between Black and white women, currently under development as of August 2025.
 - Preliminary results revealed that 91.4% strongly agreed or agreed that CREATE training motivated them to change their clinical practices to better serve Black women.
- [CPIPE Training NIH RePORT](#)
 - Simulation-based training curriculum that integrates content on patient centered maternity care, stress, burnout, and bias into emergency obstetric and neonatal care drills.
 - Launched in Kenya with promising results and positive provider perceptions; the principal investigator anticipates refining and testing it in US contexts in the coming years.



- [Respectful Care Community Breakfast Planning Guide](#)
- [The SF Family and Pregnancy Pop-Up Village](#)
 - Monthly “one-stop-shop” event that brings together a group of SF city agencies, healthcare organizations and community based organizations committed to improving care access, experience and outcomes for Black pregnant residents and families in San Francisco.
- UCSF’s Anti-Oppression Curriculum Initiative [Resources for the Clinical Learning Environment](#)
- *Note: This is a dynamic resource sheet that will evolve as more evidence becomes available on interventions that support this recommendation. Last Updated January 2026.*

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