Men and women in residency training showed significantly different communication habits related to interruptions, according to a research letter detailing behaviors during teaching conferences.

The article, published in *JAMA Network Open*, found that men interrupt speakers of both genders with more frequency than women. Researchers observed of 50 conferences—18 in person and 32 virtual).

“The results confirmed what we were hearing anecdotally from residents in our program and from women colleagues in other institutions, which is that women residents perceived being interrupted by male colleagues when holding a position of power—for example, when leading the team on rounds in the hospital or when trying to engage in educational conferences,” said the study’s lead author, Amrapali Maitra, MD, a third-year internal medicine resident at Brigham and Women's Hospital.

“Our study looks at who makes more interruptions at teaching conferences, and we found that men interrupt both genders more frequently,” Dr. Maitra said.

Learn how women physicians are underrepresented in cable news COVID-19 coverage.

**Frequency, root causes of interruptions**

Researchers defined a verbal interruption as a breach in conversational turn-taking, including requests for clarification, agreement, disagreement or change of subject.

Across the conferences observed, men were responsible for 126 of 187 total interruptions. For men and women, the research indicates that “the frequency of same-gender interruptions was not significantly different from that of opposite-gender interruptions.”

The interruptive patterns on display during teaching conferences reflected “power and status effects,” says the study, “Assessment of Interruptive Behavior at Residency Teaching Conferences by Gender.”
The research is not meant “to vilify men for interrupting more, but to explore how and where gender differences arise,” Dr. Maitra said. “There could be a myriad of reasons why men interrupt more than women, such as differences in communication styles that are encultured in women and men long before they get to medical school, differences in how boys and girls are taught to speak and exist in society, and differences in who holds positions of power in institutions.

“Many women physicians experience having their agency undermined, making it difficult to be effective educators and team leaders. Being interrupted is part of that problem,” she added.

As a remedy, the article recommends additional training on gender bias and managing interruptions for residents and educators, as well as greater inclusion of women in faculty positions.

“Communication dynamics likely contribute to gender inequity, alongside additional forms of inequity that exist in medicine and medical training,” Dr. Maitra said. “I hope people will pause to check themselves and ask: How can I make this space more equitable and welcoming for everyone? And for women and minorities to ask: How can I reclaim my agency?”

Learn what medical residents need to know about allyship and gender inequity.

The AMA’s COVID-19 resource guide on women in medicine offers resources to help manage work-life integration, personal well-being, special issues affecting female patients and other critical information. The AMA continues to monitor emerging trends and advocate for physicians, residents and students.