

# Multisource Feedback: Everyone Has a Say, But Who Is Listening?

**Introduction:** Multisource feedback involves the collection of feedback from multiple groups of assessors, including those who do not traditionally have a hierarchical responsibility to evaluate physicians. Theoretically, the feedback collectively provides a thorough view of physician performance in daily practice in the humanistic and relational competencies. This study explored perceptions of multisource feedback and prerequisites to an effective multisource feedback program in postgraduate medical education from the perspectives of both pediatrics residents and allied health care professionals.

**Methods:** This exploratory case study utilized a pediatrics inpatient unit where multisource feedback has not yet been implemented. Three focus groups were conducted with purposefully recruited participants from 3 distinct groups: junior pediatrics residents, senior pediatrics residents, and allied health care professionals. Discussions were audio recorded, subsequently transcribed, and analyzed with thematic analysis.

**Results:** Both residents and allied health care professionals expressed a strong interest in the concept of multisource feedback. However, more in-depth discussions identified barriers to residents' acceptance of and allied health care professionals' provision of feedback. Interpersonal dynamics, concerns about understanding, and misunderstanding of roles and responsibilities and power hierarchies were identified as barriers to both accepting and providing feedback. Interest in bidirectional feedback among allied health care providers and residents were expressed by all 3 focus groups.

**Conclusions:** The barriers and prerequisites to providing and accepting multisource feedback identified suggestive limits to the efficacy of the multisource feedback process. Our findings suggest that these factors should be considered in the design and implementation of multisource feedback programs.

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