State of the science in health professional education: effective feedback
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*Medical Education* 2010: 44: 101–108

Introduction: This paper is a critique of the current literature on feedback and its effectiveness with a particular focus on its relevance to health care education. It also serves to summarize and highlight three key areas in the literature: the provision of feedback; the influence of the recipient, and, the impact of the feedback.

Background: Effective feedback may be defined as feedback in which information about previous performance is used to promote positive and desirable development. This can be challenging as educators must acknowledge the psychosocial needs of the recipient while ensuring that feedback is both honest and accurate. Current feedback models remain reductionist in their approach. They are embedded in the hierarchical, diagnostic endeavors of the health professions. Even when it acknowledges the importance of two-way interactions, feedback often remains an educator-driven, one-way process.

Lessons from the Literature: An understanding of the various types of feedback and an ability to actively seek an appropriate approach may support feedback effectiveness. Directive feedback informs the learning of what requires correction; facilitative feedback involves the provision of comments and suggestions to facilitate recipients in their own revision. *Facilitative* rather than directive feedback enhances learning for high achievers, such as medical students. These students may also benefit from simple *verification* feedback (correct or not). High-achieving recipients undertaking complex tasks may benefit from *delayed* feedback, thereby reducing interruptions during a task. Additionally, feedback should focus on the *task* rather than the individual, be *specific* and directly linked to personal *goals*. Self-assessment as a means to identify personal learning requirements has no theoretical basis; motivated recipients benefit from challenging facilitated feedback from external sources. *Self-directed assessment seeking* should be pursued rather than “accurate” self-assessment. By learning about their own abilities through external feedback, learners are able to improve their self-monitoring.

Conclusions: To achieve truly effective feedback, the health professions must nurture recipient reflection-in-action. This builds on self-monitoring informed by external feedback. An integrated approach must be developed to support a “feedback culture.” Feedback opportunities might be actively sought and encouraged. Early training and experience such as peer feedback may over time support the required cultural change. Opportunities to provide feedback must not be missed, including those to impart potentially powerful feedback from high-stakes assessments. Furthermore, feedback must be conceptualized as a supported sequential process rather than a series of unrelated events. Only this sustained approach will maximize any effect.

Implications for TUSM: At TUSM we are committed to promote a culture of feedback in which students and faculty give and receive feedback from each other as we well as from their peers. This article invites us to reflect on our daily feedback practices in order to pursue a culture of “self-directed assessment seeking” among students and faculty at TUSM.

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