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Original Article

Developing Feedback Literacy Among Undergraduate Dental Students Through Peer and Self-Assessment: A Quasi-Experimental Study

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ABSTRACT

Objective: The present study aimed to assess the pre- and post-intervention feedback literacy scores of undergraduate dental students. It also aimed to evaluate the effect of peer and self-assessment strategies embedded within a structured feedback literacy intervention and to determine whether these strategies improve feedback literacy.

Study Design: A Quasi-experimental study design.

Place and Duration of Study: Foundation University College of Dentistry & Hospital (FUCD & H), Islamabad, Pakistan, from Aug to Sep 2024.

Methodology: A total of fifty second-year Bachelor of Dental Surgery (BDS) students were recruited through universal sampling. The students were divided into two groups: a Peer Assessment (PA) group and a Self-Assessment (SA) group (n=25 each). A validated FLS was administered before and after the intervention. A series of feedback literacy development workshops and assessment activities were part of the intervention. Data was analyzed using paired and independent sample t-tests to compare pre- and post-test scores within and between groups.

Results: Both groups showed significant improvement in feedback literacy scores after the intervention (p<0.001). At baseline, the self-assessment group scored significantly higher than the peer-assessment group (p=0.027). Post-intervention, no significant difference was observed between the groups (p=0.301), indicating comparable effectiveness of both assessment conditions.

Conclusion: Both peer and self-assessment strategies contributed equally to the development of feedback literacy; however, their effect varies. The findings highlight the importance of incorporating structured feedback literacy interventions in dental education to improve students' learning strategies.

Keywords: Assessment, Dental Education, Dental Students, Feedback, Feedback Literacy.

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INTRODUCTION

Student feedback literacy is defined as "an understanding of what feedback is and how it can be managed effectively; capacities and dispositions to make productive use of feedback; and appreciation of the roles of teachers and themselves in these processes.[1] In the literature, many scholars have highlighted the significance of feedback literacy as one of the primary elements in improving students' academic achievements. Winstone et al research established the effectiveness of interventions in improving feedback literacy, showing a statistically significant and educationally meaningful improvement of 5% in students' feedback literacy after participation in the feedback literacy workshop.[2,3]

A recent study by Javed *et al*., reports that inconsistent assessments and lack of communication between dental undergraduates and instructors are the primary factors for low-quality feedback during clinical rotations; notably, 82.8% of students reported receiving conflicting feedback, 68.8% indicated performing clinical work without supervision or feedback at least occasionally, and only 32.8% stated that such conflicts were frequently or always resolved.[4] This problem is important because it impairs the caliber and results of dental education and could have detrimental effects on the population's oral health and the students' future employment.

Bibliometric analysis shows that scholarly output has increased significantly since 2018, reaching a peak of 48 publications in 2021.[5,6] However, empirical research on the growth of feedback literacy in South Asian nations, such as Pakistan, through peer and self-assessment is lacking.[7] There is a dearth of research on feedback literacy in Pakistan, and no formal frameworks for incorporating feedback literacy

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instruction into dentistry education programs have been developed.

Hence, the ultimate rationale for conducting this study was to investigate the effect of DEFT, along with assessment strategies as an intervention, on feedback literacy among dental students at a private dental institute in Islamabad. By evaluating the pre- and post-intervention feedback literacy scores, this research seeks to determine whether the assessment strategies contribute to improved feedback literacy.

METHODOLOGY

This quasi-experimental study with a pretest-posttest design was conducted at Foundation University College of Dentistry & Hospital, Islamabad, Pakistan, from Aug to Sept 2024. Ethical permission was granted by the IRB of Foundation University Medical College (FUMC) (Ref: 811/ERC/FFH/RWP, dated 21 August 2024). All 50 second-year Bachelor of Dental Surgery (BDS) students enrolled during the academic year were included using a universal sampling strategy. A formal sample size calculation was not required because the entire accessible population was studied, eliminating the need for inferential generalization beyond this cohort. This approach is particularly appropriate in educational research with small, well-defined populations where full participation is feasible.[8] Universal sampling minimizes selection bias, enhances internal validity, and ensures complete demographic representation. Similar methodology has been used in quasi-experimental studies in dental education, where complete enumeration of all eligible students was employed in place of formal sample size estimation.[9] All participants gave their informed consent, and secure data storage procedures and anonymization ensured data confidentiality.

Inclusion Criteria: The inclusion criteria include FUCD&H's second-year BDS program and enrolled undergraduate students in year 2024. Students with low, average, or high academic performance levels, regardless of gender, who gave their written informed consent.

Exclusion Criteria: Students from the first, third, and final years of the BDS program were excluded to maintain cohort consistency and limit variability in academic exposure. Participants from other disciplines (e.g., MBBS, D-Pharm, nursing) were excluded due to significant differences in curriculum structures, assessment modalities, and educational timelines. Students residing outside Islamabad were excluded to ensure the feasibility of data collection and to minimize institutional variability.

Second-year students were selected as being at a transitional stage between foundational learning and clinical training, making them particularly responsive to educational feedback interventions.

Data was collected manually in printed form in the pretest and posttest intervention phases by using a Feedback Literacy Scale 9 (FLS) validated after pilot testing. The research design was divided into three phases: Pre-intervention, Intervention, and Post-intervention, illustrated as a flowchart (Figure-1). The participants were divided into two groups comprising 25 students each: Group-PA (Peer Assessment) and Group-SA (Self-Assessment).

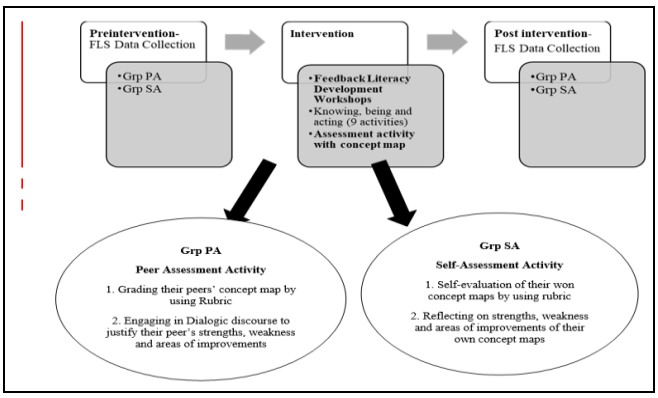

Figure-1: Methodology Flowchart: Feedback Literacy Intervention

The Intervention had two components: A) Workshop and B) Assessment activity with a concept map. A feedback literacy intervention was conducted using the "Developing Engagement with the Feedback Toolkit" (DEFT).[10] It consists of a "Feedback Workshop" designed to enhance feedback literacy based on Sutton's framework.[11] The mode of delivery of the workshops was an interactive PowerPoint presentation with group discussions and activity sheets. Each workshop session focused on a single fundamental aspect of feedback literacy development and lasted roughly two hours. Nine activities in all were conducted by breaking down the three dimensions: Knowing, Being, and Acting, into three distinct activities, scaffolded with the knowledge of peer assessment and self-assessment, respectively. The workshop sessions were set up in the following manner:

Day 1: Knowing comprising K1 (Purpose and function of feedback), K2 (Standards and Criteria), and

K3 (Feedback as a learning resource). Day 2: Being addressed B1 (Feedback and identity), B2 (Overcoming barriers), and B3 (Using emotion positively). Day 3: Acting covering A1 (The process of action), A2 (Identifying actions), and A3 (Action planning). The two participant groups' workshops were arranged independently. The workshop was finished by Group-PA in the first week of the data collection phase. During the second week, Group-SA followed a similar three-day routine.

Group-PA members created hand-drawn concept maps on feedback literacy after the third week's workshop sessions. They exchanged them with their peers for peer evaluation using Bartel's criteria, which assesses concepts, relationships, and hierarchical organization.[12] A quick dialogic discourse to support the criticism and pinpoint areas in need of improvement was encouraged to complete the steps of peer assessment. Through critical self-evaluation and comparison with an exemplar, Group-SA participants autonomously developed and evaluated their concept maps in week four using the same criteria, encouraging self-regulation. After the two steps of the Intervention phase were completed, posttest data were collected manually by distributing the FLS in printed form to both groups.

The effect of the intervention was measured using Zhan's FLS9 and scored pre- and post-intervention on a 5-point Likert scale. The scale has 24 items distributed on 6 dimensions (eliciting, processing, enacting, appreciation of feedback, readiness to engage, and commitment to change). Data were analyzed using the Statistical Package for Social Sciences (SPSS) version 20. Mean and standard deviation (Mean±SD) were calculated for continuous variables such as age. Frequency and percentages were calculated for categorical variables such as gender and individual item responses on the Feedback Literacy Scale. The median and interquartile range (IQR) were calculated for feedback literacy scores at the pretest and posttest, given the ordinal nature of the data. The Wilcoxon Signed Rank test was applied to compare scores within each group. The Mann-Whitney U test was applied to compare the differences between the Peer Assessment and Self-Assessment groups. A significance level of $p \leq 0.05$ was considered statistically meaningful.

RESULTS

The FLS was administered to 50 second-year BDS students. The mean age group of the participants for Groups PA and SA was 19.8±0.41 years and 20.56±0.50 years, respectively. The gender distribution was 41 females (82.0%) and 9 males (18%). Both groups showed improvement in feedback literacy scores after the intervention. Group-SA had higher scores, 93.93 (91-99), than Group-PA, 91.93 (87-95), before the intervention. However, by the end of the study, both groups showed comparable post-intervention scores. Pretest and posttest median (IQR) scores are compared in Table-I, along with *p*-values. Despite this discrepancy, both groups were classified as having "average feedback literacy," most likely due to inherent cohort variability.

Table-I: Comparison of Pretest Posttest Feedback Literacy Scores

Group	Median (IQR)		*p*-value
	Pretest	Posttest	
PA	91.93 (87-95)	101.00 (99-105)	<0.001
SA	93.93 (91-99)	103.00 (100-109)	<0.001

**PA Peer Assessment * Self-assessment *Interquartile Range *Unit: Total score on the Feedback Literacy Scale (24 items × 5-point Likert scale; possible range: 24–120)*

Marked improvement was noted in item-wise feedback behaviors (Table-II). Initially, Group-SA showed slightly higher baseline agreement on certain feedback items, but also exhibited stronger resistance in areas like "Seeks Feedback from Various Sources" (80% disagreement) and "Always Ready to Receive Feedback" (60% disagreement). In contrast, Group-PA displayed broad initial reluctance, particularly in "Elicits Useful Information" (56% disagreement) and "Capable of Processing Various Viewpoints" (60% disagreement). Post-intervention, both groups exhibited marked gains: Group-PA showed increases in feedback-seeking, practical planning, and engagement readiness ("Always Ready to Receive Feedback" improved to 64%), while Group-SA advanced in reflection and self-regulation ("Appreciates Feedback as a Source for Self-Reflection", 84%). Overall, while Group-PA showed steady behavioral growth, Group-SA reflected deeper internalization of feedback principles.

In Group-PA, the median score increased from 91.13 (IQR=8.00) at pretest to 101.00 (IQR=6.00) at posttest. Likewise, Group-SA showed an increase from a pretest median of 93.93 (IQR=8.10) to a posttest median of 103.00 (IQR=9.00). The associated *p*-values for both groups were reported as <0.001, indicating statistically significant improvements from pre- to post-intervention. (Table-III)

Table-II: Item-Wise Pre- and Post-Intervention Response Frequencies n (%)

Question Label	Group	Pretest n(%) Disagree	Posttest n (%) Disagree	Pretest n (%) Agree	Posttest n (%) Agree
Elicits Useful Information about Feedback	PA	14 (56.0%)	4 (16.0 %)	0 (0.0%)	15 (60.0%)
	SA	16(64.0%)	2 (8.0%)	2 (8.0%)	18(72.0%)
Seeks feedback from various sources	PA	15(60.0%)	3 (12.0%)	0 (0.0%)	12(48.0%)
	SA	20(80.0%)	2 (8.0%)	0 (0.0%)	16(64.0%)
Willing to ask for guidance	PA	13(52.0%)	2(8.0%)	0 (0.0%)	16(64.0%)
	SA	16(64.0%)	2 (8.0%)	1 (4.0%)	21 (84.0%)
Accurately interprets the quality of feedback	PA	9 (36.0%)	0 (0.0%)	1 (4.0%)	15 (60.0%)
	SA	18 (72.0%)	2 (8.0%)	0 (0.0%)	17 (68.0%)
Able to comprehend feedback	PA	14 (56.0%)	2 (8.0%)	0 (0.0%)	14 (56.0%)
	SA	18 (72.0%)	2 (8%)	0 (0 %)	20 (80.0%)
Capable of judging the quality of feedback	PA	13 (52.0%)	0 (0.0%)	0 (0.0%)	14 (56.0%)
	SA	11 (44.0%)	2 (8.0%)	0 (0.0%)	19 (76.0%)
Identifies essential information from the received feedback	PA	8 (32.0 %)	3 (12.0%)	1 (4.0%)	16 (64.0%)
	SA	16 (64.0%)	2 (8.0%)	0 (0.0%)	16 (64.0%)
Capable of processing various viewpoints of others (Teachers/peers)	PA	15 (60.0%)	1 (4.0%)	0 (0.0%)	16 (64.0%)
	SA	21 (84.0%)	2 (8.0%)	1 (4.0%)	15 (60.0%)
Capable of adjusting goals after receiving feedback	PA	12 (48.0%)	3 (12.0%)	3 (12.0%)	16 (64.0%)
	SA	16 (64.0%)	0 (0.0%)	1 (4.0%)	19 (76.0%)
Makes practical plans	PA	9 (36.0%)	2 (8.0%)	2 (8.0%)	17 (68.0%)
	SA	22 (88.0%)	0 (0.0%)	0 (0.0%)	20 (80.0%)
Manages time to apply useful feedback	PA	18 (72.0%)	0 (0.0%)	2 (8.0%)	14 (56.0%)
	SA	22 (88.0%)	2 (8.0%)	0 (0.0%)	15 (60.0%)
Can monitor progress	PA	15 (60.0%)	2 (8.0%)	1 (4.0%)	10 (40.0%)
	SA	14 (56.0%)	0 (0.0%)	1 (4.0%)	20 (80.0%)
Appreciates feedback to recognize strengths and weaknesses	PA	11 (44.0%)	2 (8.0%)	3 (12.0%)	19 (76.0%)
	SA	19 (76.0%)	2 (8.0%)	0 (0.0%)	13 (52.0%)
Appreciates that feedback can provide multiple perspectives	PA	13 (52.0%)	1 (4.0%)	0 (0.0%)	14 (56.0%)
	SA	20 (80.0%)	0 (0.0%)	1 (4.0%)	16 (64.0%)
Appreciates feedback as a tool to learn from others	PA	12 (48%)	2 (8%)	1 (4%)	9 (36%)
	SA	22 (88.0%)	0 (0.0%)	0 (0.0%)	20 (80.0%)
Appreciates feedback as a source for self-reflection	PA	12 (48.0%)	2 (8.0%)	1 (4.0%)	11 (44.0%)
	SA	16 (64.0%)	2 (8.0%)	0 (0.0%)	16 (64.0%)
Always ready to receive feedback	PA	11 (44.0%)	0 (0.0%)	1 (4.0%)	16 (64.0%)
	SA	15 (60.0%)	0 (0.0%)	0 (0.0%)	4 (16.0%)
Ready to receive constructive criticism	PA	14 (56.0%)	5 (20.0%)	0 (0.0%)	12 (48.0%)
	SA	18 (72.0%)	1 (4.0%)	0 (0.0%)	21 (84.0%)
Welcomes feedback that identifies errors	PA	11 (44.0%)	1 (4.0%)	1 (4.0%)	17 (68.0%)
	SA	20 (80%)	2 (8.0%)	0 (0.0%)	16 (64.0%)
Readily embraces feedback	PA	17 (68.0%)	0 (0.0%)	1 (4.0%)	14 (56.0%)
	SA	16 (64.0%)	0 (0.0%)	0 (0.0%)	16 (64.0%)
Willing to overcome doubts according to the feedback received	PA	16 (64.0%)	1 (4.0%)	0 (0.0%)	17 (68.0%)
	SA	19 (76.0%)	2 (8.0%)	1 (4.0%)	19 (76.0%)
Willing to change learning strategies	PA	17 (68.0%)	2 (8.0%)	0 (0.0%)	14 (56.0%)
	SA	9 (36.0%)	1 (4.0%)	2 (8.0%)	18 (72%)
They try their best to conquer difficulties	PA	5 (20.0%)	2 (8.0%)	6 (24.0%)	13 (52.0%)
	SA	14 (56.0%)	2 (8.0%)	0 (0.0%)	17 (68%)
Willing to spend spare time finding additional learning resources	PA	10 (40.0%)	0 (0.0%)	1 (4.0%)	16 (64.0%)
	SA	15 (60.0%)	0 (0.0%)	0 (0.0%)	16 (64.0%)

At pretest, the median score for the SA group (93.93, IQR=8.00) was significantly higher than that of the PA group (91.13, IQR=8.00), with a *p*-value of 0.031, indicating a statistically significant difference between the groups before the intervention. At posttest, the SA group continued to demonstrate a slightly higher median score (103.00, IQR=9.00) compared to the PA group (101.00, IQR =6.00), this difference was not statistically significant (p=0.223), as shown in Table-IV.

DISCUSSION

This study empirically supports the effectiveness of structured feedback literacy interventions among second-year BDS students from a private dental college in Islamabad, using peer and self-assessment strategies. Students' feedback literacy scores significantly improved using both assessment modalities, which is consistent with international research by Abraham *et al.,* highlighting the importance of active participation in the feedback process.[13] According to Maleeka *et al.,* the principles of social constructivism promote inquiry-driven learning, inter-subjective understanding, and active co-construction of knowledge through collaboration and discourse.[14] The peer assessment group's superior gains in feedback processing and engagement may be explained by the dialogic nature of peer interactions.[15]

Meanwhile, students who participated in self-assessment performed better in reflective learning and self-regulation, supporting recent research by Han *et al.,* and Molloy *et al.,* that highlighted the value of self-assessment in promoting autonomy and internalizing feedback.[16,17] Despite initial baseline disparities, the convergence of post-intervention ratings across groups highlights the intervention's efficacy in achieving

feedback engagement, an important outcome across diverse academic cohorts. These results are consistent with those of the DEFT toolkit implementations by Winstone *et al.,* which also revealed multifaceted benefits when students used scaffolded feedback techniques.[10] Notable insights are also obtained from regional comparisons. The development of structured feedback literacy, specifically in dental education, has not received much attention in South Asian research. The majority of this field's work is still focused on East Asian and Western contexts, where feedback culture is more developed and institutionalized.[5] On the contrary, formal feedback literacy frameworks have historically been absent from dental education in Pakistan. Research by Majid *et al.*, found that expectations between students and instructors are not aligned, and feedback communication is poor.[18] This study fills that gap by highlighting the flexibility of international models, like the DEFT framework, within regional pedagogical contexts and offering uncommon empirical evidence from a South Asian environment. By addressing a disciplinary and geographic gap in the development of structured feedback literacy in South Asian dentistry education, this study adds to the body of existing work. Combining DEFT-guided workshops with concept maps as reflective tools may have further improved cognitive engagement, especially in developing metacognitive awareness regarding the application of feedback.

Table-III Results for Within-Group Analysis For Group-PA and Group-SAat Pre and Post Intervention

Parameters	Study Groups		*p*-value
	Group-PA (n=25) Median (IQR)	Group-SA (n=25) Median (IQR)	
Pretest	91.13 (8.00)	93.93 (8.10)	< 0.001
Posttest	101.00 (6.00)	103.00 (9.00)	< 0.001

**PA: Peer Assessment, *SA: Self-Assessment *Unit: Total score on the Feedback Literacy Scale (24 items × 5-point Likert scale; possible range: 24–120)*

Table-IV: Results For Between-Group Analysis for Both Group-PA and Group-SA at Pre and Post-Intervention

Parameters	Study Groups		*p*-value
	Group-PA (n=25)	Group-SA (n=25)	
Pretest	91.13 (8.00)	93.93 (8.00)	0.031
Posttest	101.00 (6.00)	103.00 (9.00)	0.223

**PA: Peer Assessment, *SA: Self-Assessment *Unit: Total score on the Feedback Literacy Scale (24 items × 5-point Likert scale; possible range: 24–120)*

To improve generalizability, future research should consider multi-institutional studies with larger, more varied populations. It is advised to use longitudinal designs to assess how long feedback literacy improvements last. Deeper feedback engagement may be promoted by incorporating hybrid peer and self-assessment approaches across academic years and disciplines. Lastly, incorporating feedback literacy into curricular guidelines should legitimize reflective techniques in the teaching of health professions education.

LIMITATIONS OF STUDY

This study's brief intervention period and mostly female subject pool may have limited its generalizability. Although representative of the cohort, the small sample size and single institution setting further restrict external validity. Furthermore, long-term retention of feedback literacy was not evaluated, and social desirability bias may be introduced using self-reported data.

CONCLUSION

This study showed that feedback literacy among second-year BDS students from a private dental college was considerably improved by structured peer and self-assessment interventions. Although they had varied effects, both approaches had equal effects: self-assessment improved self-regulation and reflective learning, while peer assessment increased engagement. The findings highlight the importance of incorporating structured feedback literacy interventions in dental education to improve students' learning strategies.

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Authors' Contribution

Following authors have made substantial contributions to the manuscript as under:

MJ & AR: Study design, drafting the manuscript, data interpretation, critical review, approval of the final version to be published.

AB & SH: Data acquisition, data analysis, approval of the final version to be published.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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