



ADEE Site Visit
to
Ege University, Faculty of Dentistry
Izmir, Turkey
14 -18 April, 2012



Part I
Part II

Self Assessment Report
Visitors Comments

ADEE Site Visit Ege University, Faculty of Dentistry, Izmir, Turkey

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FOR VISITORS

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SECTION 1

INTRODUCTION

INTRODUCTION and GENERAL DESCRIPTION

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Section 1. OVERVIEW

Ege University is a state university that acts as a focal point for education, research, cultural and social activities in the city of Izmir and the Aegean region.

Ege University was established in 1955 with two faculties: Medicine and Agriculture. In 1982, it was one of the largest universities in Turkey with 17 Faculties, 9 Vocational Schools and 7 Institutes when it was divided into two separate universities; Ege University and Dokuz Eylül University by a State decision. After this procedure; Ege University ended up with 7 Faculties, 3 Vocational Schools and approximately 9000 students. Today, Ege University, which is aware of the responsibility of being the first university in the Region, pioneers the cooperation platforms of Izmir and Regional Universities in different areas.

Ege University is located in Bornova, a district of Izmir. Faculties and facilities are spread over 3,450 hectares of land.

The University has another Campus in Çeşme where Çeşme Tourism and Hotel Management School is located. There are four Vocational Training Schools located in various districts of Izmir respectively Ödemiş, Tire, Bergama and Bayındır. Thus, it actually serves the public in a decentralized way through its various units scattered around the hinterland of Metropolitan Izmir. The physical facilities of the Campus are good, with roads, car parks and sign boards

Ege University is a research based, teaching oriented institution, training students up to PhD level. A total of 47,500 students are enrolled at Ege University in the 2010-2011 academic year, the number of the academic staff is approximately 3,000.

Today, Ege University has 11 Faculties, 3 Graduate Schools, 7 four-year Vocational Schools, 5 Institutes, 7 two-year Vocational Training Schools and 25 Research and Application Centers.

Ege University Faculty of Dentistry, which is the first Dental School in Aegean Region, was established in the leadership of Dean Prof.Dr. İsmail ULUTAŞ, in the year of 1969. The Faculty which has three main buildings, designed upon the changing needs of education and research, took its final shape in the year of 1995.

Ege University Faculty of Dentistry is being carried on to the 21st Century with its education quality and professional staff. Over 625 number of students are educated with the 5 year Program, by over 300 number of academician, clinician and researchers; plus over 200 number of supporting staff. Until today about 3317 "Dentists" have been graduated from the faculty since its first graduates in the year of 1973.

Seventy one Professors, 16 Associate Professors and over 130 Research Assistants are continuing the education, patient treatment and research activities at 8 different departments: Oral and Maxillofacial Surgery; Prosthodontics; Orthodontics; Pediatric Dentistry; Oral and Maxillofacial Radiology; Restorative Dentistry and Cariology; Endodontology.

Currently our faculty is one of the most esteemed dental schools in Turkey.

The number of dental units at our faculty is 213. A reassuring treatment environment is created for our patients through technically renewed clinics. At present, there is a research laboratory with a Scanning Electron Microscope, Biochemistry Laboratory, Computer Laboratory, Pre-Clinical Phantom Laboratory and a library for all education needs of our students.

Through Erasmus Program and Bilateral Agreements between Universities and Dental Schools in Germany, Netherlands, Portugal, France, U.S.A. ; our Dental School and University, create education opportunities for students and research opportunities for our academicians. Our Faculty is the first dental school that got involved in Erasmus Program. The exchange via Erasmus Program between Ege University Faculty of Dentistry and Porto University Faculty of Dentistry (Portugal) started in 2002; Radboud University Faculty of Dentistry (Netherlands) in 2005; Strasbourg University Faculty of Dentistry (France) in 2005; Giessen University Faculty of Dentistry (Germany) in 2010. The number of exchange students between our faculty and other faculties is increasing every year.

Turkey, as a candidate of EU, is following the developments of universities and education programs of EU countries. Ege University has received the ECTS Label at the end of a successful and collaborated effort of all schools, faculties and institutes.



As Faculty of Dentistry, during the successful Bologna Process, we have identified the following important points seen below, concerning our education, as part of our vision, mission and aim.

Key Learning Outcomes for Faculty of Dentistry

- To be aware of the principal know-how of clinical ability and social interaction required as a “Dentist”.
- To be able to make a reliable diagnostic and treatment plan as part of creating dental solutions; to perform disciplinary and interdisciplinary team work.
- In reference of the importance of the idea of life long learning, to follow the up-to-date scientific studies and developments concerning “Dentistry” and to be able to evaluate and implement the information that is gained.
- As a dentist, to be able to perform the ventures and practices that retain the general health of the public and individuals foreground aside from dental treatments.
- To establish good communication and relations with patients, patient relatives, colleagues and other staff members and to be able to treat all patients from all ages and cultures at psychologically the most suitable way.
- To perform clinical and laboratory studies that are appropriate to ethic and hygienic rules, respectful to patient rights and to perform “Preventive Dentistry” applications.
- As a dentist, to fulfill dental treatment for the patients who are in need of special attention and who have systemic diseases or direct them to fully equipped health centers for treatment.

- To follow the vocational rules and laws; to be conscious of a professional manner; to be able to study the national – international politics and practices concerning dentistry and to evaluate the outcomes.
- To be able to use every necessary dentistry tool for oral health and treatment and to have adequate knowledge about all the materials that are being used at clinics.

Our faculty is the first member of ADEE (Association for Dental Education in Europe) and DENTED in Turkey and is present in every meeting since 2003. The course Schedule of Ege University Faculty of Dentistry has also been shaped by the curriculum created by ADEE besides the BOLOGNA process. Our Faculty has attended many e-learning trainings held by DENTED.

In the year 2004, a meeting was organized at our faculty, concerning the issue of “Education in Dentistry”. Deans of other Faculties of Dentistry from all over Turkey also attended this meeting. Speakers from Birmingham University Faculty of Dentistry gave lectures about OSCE (Objective Structured Clinical Examinations).

In 2007, Ege University Faculty of Dentistry attended DENTED and ADEE Global Assembly in Dublin Ireland, as a “Global Delegate”.

In 2010, Ege University Faculty of Dentistry was selected to attend the “Meeting”, which was organized for reconstructing the main structure of Cariology Curriculum established by dental professors from different faculties of European countries.

Our faculty is involved in intensive research activities within the last years. The faculty members and also very valuable scholars from around the world get the chance to attend national and international scientific and academic organizations. These research activities have contributed to the remarkable increase in number of papers that are issued in prestigious scientific journals since 2006. Furthermore, researchers from our faculty run many national and international projects.

Social Activities:

Ege University Faculty of Dentistry is in cooperation with the society. Besides its scientific and academic identity, the Faculty has a mighty social identity also and our faculty is in cooperation with İzmir and Aegean Chambers of Dentists, İzmir Development Agency, İzmir Private Administration Agency, İzmir

Metropolitan Municipality, and all private enterprises and most important of all the public.

Since 1983, Faculty of Dentistry is involved in a major activity carried out in the leadership of one of our Pediatric Dentistry Professors and “volunteer” students (undergraduate, graduate and also post graduate students) with the cooperation of The Association of Aegean Oral Health and Dentistry. This group visits the mentally retarded and physically disabled children for dental treatments. The group has done over 56,000 km’s all around Turkey and has treated more than 10,000 children.

This Project is also supported by İzmir Development Agency and İzmir Private Administration Agency.

“Let’s collect the blue caps one by one” Project is a very important social project of our faculty that started in May 2010, with the support of our Administration, the public and private enterprises, and became a global activity (Blue caps were received from many countries like Portugal, Netherlands, France, Belgium, Germany, Greece, Norway and also USA). By the end of 2011, over 200 million blue caps were collected and over 1000 disabled wheel chairs were given to the disabled people. The aim of the project is to collect caps for recycling, and the funds gained by this activity are used for buying wheelchairs for physically disabled people.

İzmir and Aegean Chamber of Dentists and our Faculty have close contact in terms of organizing several seminars, courses, assemblies, congresses. Between 2007 – 2011 fourteen (14) congresses, thirty five (35) hands on courses and about seventy (70) conferences were organized.

Ege University Faculty of Dentistry students have several achievements in fields of sports (football, volleyball, table tennis, basketball, handball).

Psychodrama activity for our 3rd grade students became an “Education Project” during 2011 – 2012 academic year. All activities include “role play” in order to adapt to treating patients.

SWOT Analysis of Faculty:

Strengths:

- Experienced and well qualified lecturers.
- Quality of education.
- Modern and technologically renewed clinics and facilities.
- Variety of cases as a conclusion of high number of patients.
- Mighty effort put into development and improvement of physical, technological conditions.
- High number of publications.
- The Project support of the university.
- Modern Oral and Maxillofacial Prosthesis clinic.
- CAD –CAM based treatment.
- Dental Research laboratory facilities.
- PACS system.
- The opportunity of practical training with high number of patients.

Weaknesses:

- Inadequacy of physical areas.
- Inadequate number of units.
- Lack of free time for students due to heavy clinical studies.
- Clinical education given in small groups.
- Inadequate number of supporting staff.
- Inadequate coordination between departments.
- Need of more space for the social activities for the students.
- High number of students in each class.
- High number of theoretical classes.
- Due to the health care system having patients over adequate numbers may affect the quality of education and treatments negatively.
- No state of art dental simulations present in the preclinical laboratory.

SECTION 2

FACILITIES

Section 2. FACILITIES

All education needs of our students and researchers are facilitated with our Preclinical Laboratory, Research Laboratory, Biochemistry Laboratory, Computer Laboratory, library, central sterilization unit, sixteen large and small clinics, one multidisciplinary clinic, one oral and maxillofacial clinic, CAD –CAM clinic, and 3D Volumetric Tomography.

Patient Services:

Every year increasing number of patients are being treated at our clinics. While the average number of patients treated in 2009 was 47,800 the number increased to about 50,000 patients in the year 2010 and 69,000 in 2011. The patients can get “Online” appointments since 2010.

Restoration of patient clinics are continuing in year 2012. Endodontology and Restorative Dentistry and Cariology clinics have been expanded and number of units in these clinics have been increased.

A new state of art building is planned to be built in the academic year of 2013 – 2014. The total area of the clinics and other spaces that are available for health services is 2594 m²

Our faculty facilitates four lecture halls, seminar rooms and one amphitheatre with computer, visual and audio systems and internet access.

In our Research Laboratory, various *in vitro* tests can be performed using modern laboratory equipments (e.g. Scanning Electron Microscope, Universal Testing Machine, Stereomicroscope, Ultrasonic Bath, Diamond Saw (Isomet), Thermal Cycler).

Total area of the education spaces is 1245 m².

| NAME OF AREA | CAPACITY |
|-------------------|----------------------|
| Lecture Hall 1 | 100 |
| Lecture Hall 2 | 100 |
| Lecture Hall 3 | 40 |
| Lecture Hall 4 | 40 |
| Amphitheatre | 250 |
| Seminar Rooms (8) | 120 (total capacity) |

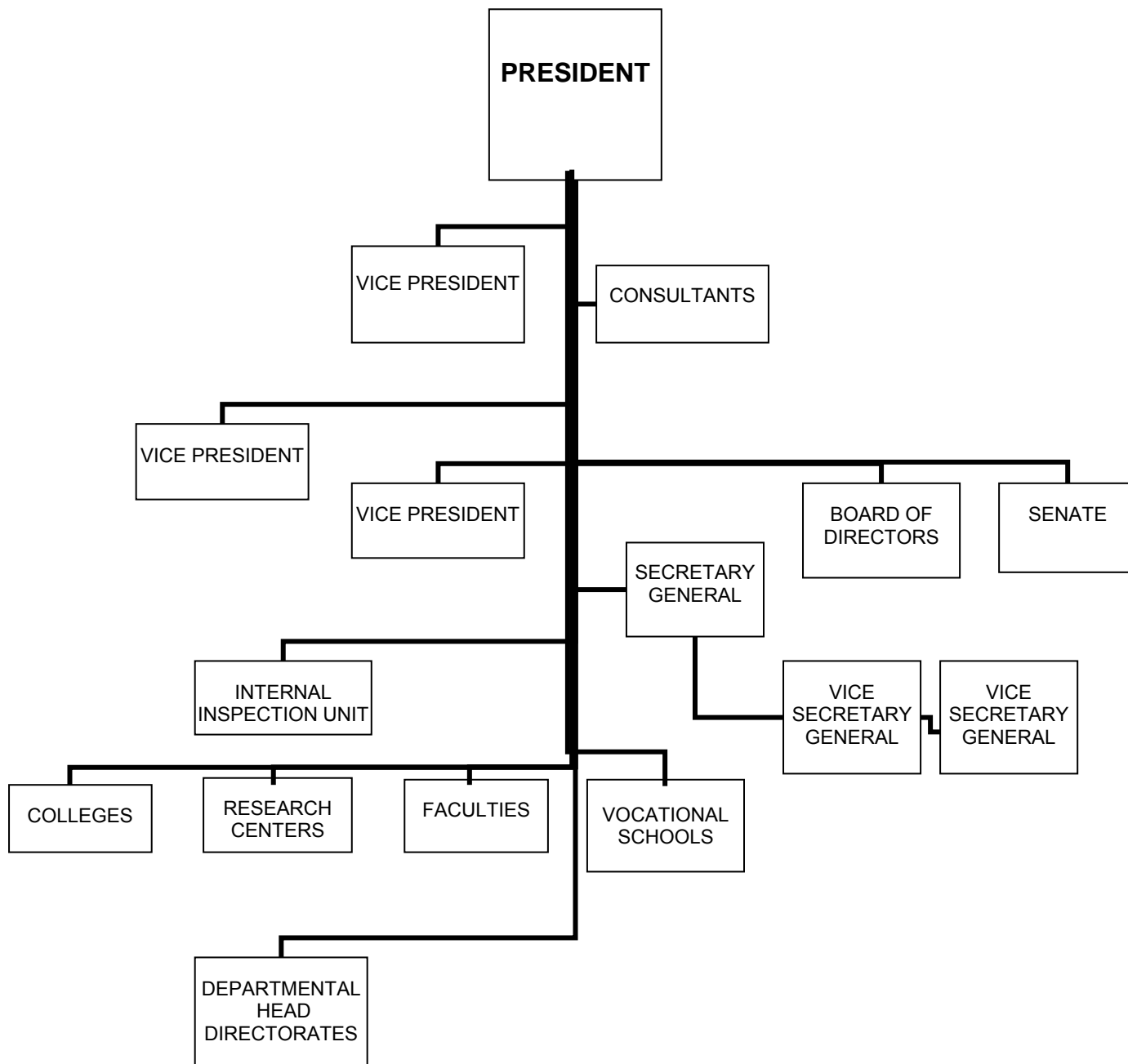
SECTION 3

ADMINISTRATION AND ORGANISATION

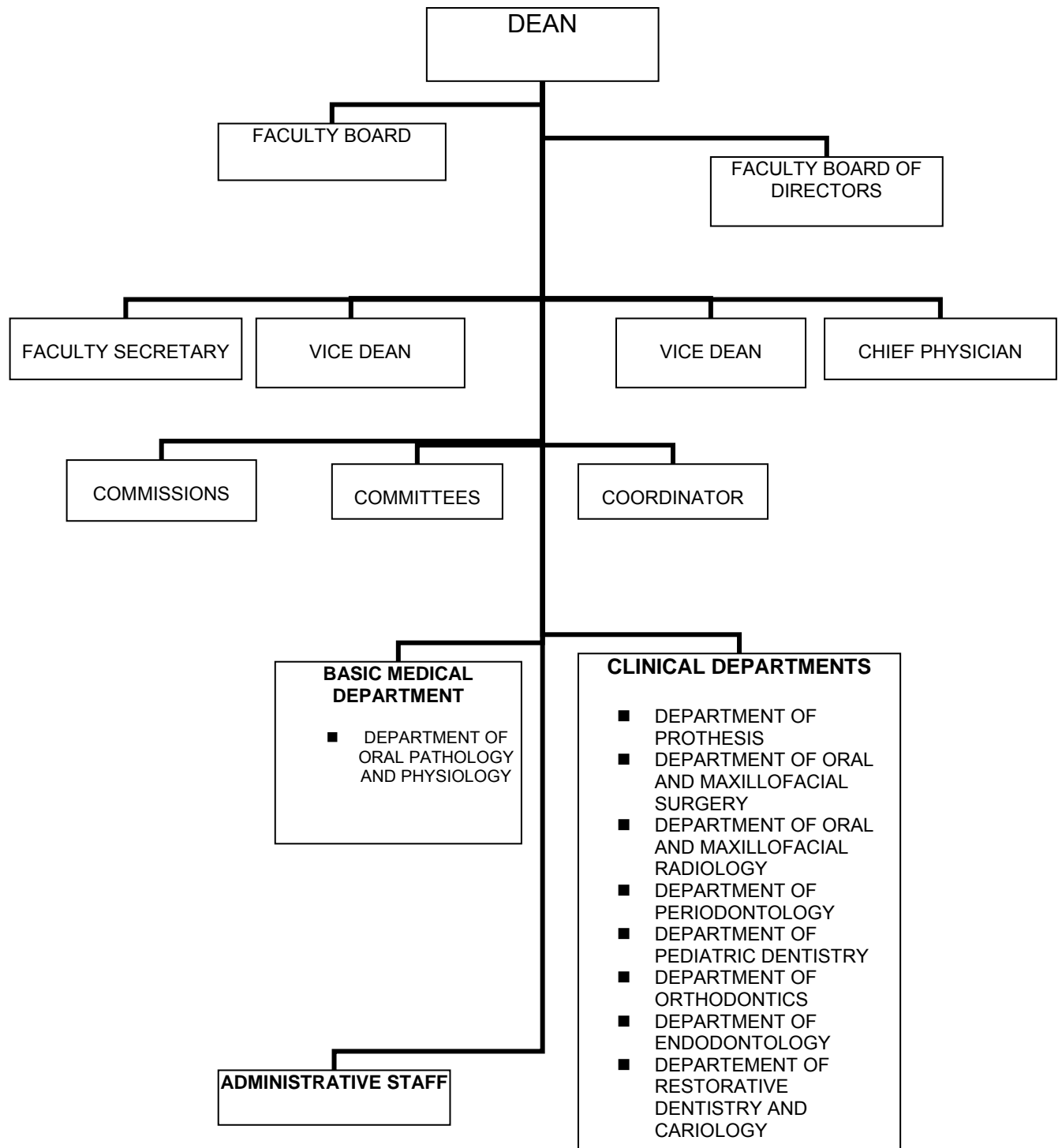
Section 3.

ORGANISATIONAL AND ADMINISTRATIVE STRUCTURES

Administrative Scheme of Ege University



Administrative Scheme of Faculty of Dentistry:



Faculty Vision and Mission:

The aim of our faculty is to educate dentists who will provide oral and dental health care, improve the health of the population, and demonstrate the highest quality in clinical knowledge and expertise.

In addition to this, we try to give the students an ethical attitude and awareness.

One of our objectives is that the students have the ability to keep up with the “life-long learning” and professional development.

Ege University Faculty of Dentistry, try to support the student centered education, while giving priority to patient satisfaction.

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Section 4. STAFF

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SECTION 5

ORTHODONTICS

Section 5. DEPARTMENT OF ORTHODONTICS

Person who is responsible to explain this section to the visitors:

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The department consists of 9 professors, 2 associate professors, 1 assistant professor and 11 research assistants. There are also 3 secretaries, 3 technicians, 4 clinic nurses, and 2 service attendants working in the department. There are two clinics with 21 dental units, two laboratories and one meeting room.

Aims

- To teach the growth and development of face and the teeth , transition from primary dentition to permanent dentition, etiology of the malocclusions and classify the malocclusions.
- To provide knowledge about interceptive and preventive orthodontics and be able to apply removable simple appliances for this purpose.
- Be able to diagnose the malocclusions.

The dental students are taught to be competent at diagnosis of the malocclusions and they can guide a favorable malocclusion and to diagnose and eliminate some of the functional and mechanical factors that interrupt the occlusion. They also have the knowledge of the treatment techniques used in orthodontics. They are familiar with the removable appliances used in the clinic, because they learn how to construct a removable appliance in the laboratory lessons.

Regarding the post-graduate education (pHD) courses, the students are trained to treat all kinds of malocclusions. They learn all the techniques and use them in the clinic.

They are also capable of applying mini screws and treat the orthognatic and cleft palate patients. They are also capable of conducting a research, performing/using innovative techniques and materials, writing and defending a scientific thesis.

Outcomes

- Knowledge pertaining to transition from deciduous dentition to permanent dentition, guidance of eruption and precautions to be taken on deciduous tooth losses and bad habits.
- Should have the ability to diagnose orthodontic irregularities and propose treatment alternatives.
- Should be able to perform diagnostic procedures essential for orthodontic diagnosis and should have efficient knowledge on occlusion.
- Should have the understanding of orthodontic tooth movement, force to be applied, and should be able to take precautions against side effects that occur during tooth movement.
- Should be able to diagnose cleft lip and palate patients and should have the ability to carry out their treatment.
- Should perform the diagnosis of patients with temporomandibular joint problems, perform their treatment and take necessary prevention steps.
- Should be able to diagnose functional anomalies and carry out their treatment.
- Should possess the knowledge of edgewise, Roth, Alexander, MBT techniques and apply these to their patients.
- Should be able to treat patients successfully regardless of patient being child, adolescent or adult.
- Should be able to diagnose and perform the orthodontic treatment of the patients in whom the solely orthodontic treatment will not be sufficient to correct the skeletal discrepancy.
- Should have the cognition of new methods and techniques in orthodontics and should perform them efficiently.
- Should know the development of the craniofacial complex and should pursue the treatment in a corresponding manner.
- Should know the utilization, manufacturing and mechanism of action of removable appliances.

- Should have the notion of extra oral appliances concurrent with a judgment of growth direction and should be able to integrate those two in the clinic.
- Should have knowledge on the retention appliances which preserve the outcome of the orthodontic treatment and should be able to apply them

Strengths

- Students especially the post-graduate students have the opportunity of practical training with high number of patients.
- An intensive and comprehensive theoretical courses are given to the students.

Weaknesses

Because of the curriculum the students can not get enough laboratory lessons and they can not follow up the patients which they apply removable appliances.

SECTION 6

PEDIATRIC DENTISTRY

Section 6. DEPARTMENT OF PEDIATRIC DENTISTRY

Person who is responsible to explain this section to the visitors:

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Pediatric dentistry department consists of 7 professors, 2 associate professors, 2 assistant professors and 12 research assistants.

Aims

The course aims to teach the place of pedodontics in dentistry including; growth and development of the child, growth and development of the jaws and face, development and eruption of the dentition, psychological development, conservative and endodontic treatment methods in children.

Aim of pedodontics; importance of primary dentition, radiographic examination, diagnosis, treatment planning, embryology of teeth, morphology of primary teeth, eruption and shedding of teeth, etiology of dental caries, cavity and restoration principles in primary teeth, conservative treatment in primary teeth, restoration materials used in primary teeth.

Students are taught to be competent at caries diagnosis and treatment in children principally. They are capable of performing all kind of restorations and preventive orthodontic appliances in children including atraumatic restorative treatments (ART).

Regarding the post-graduate education (pHD) courses, it is aimed to bring the students in having scope for freedom of proficiency and awareness. Thus, their education is mainly based on learning sophisticated research methods, conducting a research, performing/using innovative techniques and materials, writing and defending a scientific thesis.

Outcomes

Ability to learn the most recent treatment techniques concerning pedodontics, equipped with information concerning protective dentistry, to learn to choose the right treatment method and implement Traumatic and genetic factors on the 0-14 aged children and ability to learn the necessary treatment methods and to be able to implement them.

Strengths

- Pediatric dentistry department consists of experienced lecturers.
- There are adequate number of patients.
- Clinical education is given to small group of students.

Weaknesses

Due to the health care system having patients over adequate numbers may affect the the quality of education and treatments negatively.

SECTION 7

RESTORATIVE DENTISTRY AND CARIOLOGY

Section 7. DEPARTMENT OF RESTORATIVE DENTISTRY AND CARIOLOGY

Person who is responsible to explain this section to the visitors:

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The department consists of 9 professors, 1 associate professor, 1 assistant professor and 7 research assistants.

Aims

- To provide an understanding of the range of pathological conditions (dental caries, abrasion, erosion, attrition, hypoplasia, hypocalcification, discoloring, defects caused by trauma) that may affect the dental hard tissues
- To provide a back ground to the understanding of the measures required to prevent, diagnose and manage these conditions
- To develop competence in history taking and examination and the ability to formulate treatment plans in the light of patients' restorative needs and wishes.

Students are taught to be competent at caries diagnosis and treatment. They are capable of performing minimal intervention techniques, basic and/or complicated amalgam and resin composite restorations. Furthermore, during their education, they are having the knowledge of caries risk assessment, preventive treatments, their limitations or esthetic treatment modalities (e.g. bleaching, laminate veneers) and they are also being familiar with advanced restorative techniques (e.g. inlays, onlays, overlays) or lasers in conservative dentistry.

The academic staff try to maintain an outcome-based education, with the milestones such as student-centered study, self-directed learning, flexibility, guide for assessment and a continuing education. The aim is not only to have good quality in education, but also to improve it in a better way. In this context, it is great of great importance that the education has to be standard, systematic and affiliative.

Regarding the post-graduate education (phD) courses, it is aimed to bring the students in having scope for freedom of proficiency and awareness. Thus, their education is mainly based on learning sophisticated research methods, conducting a research, performing/using innovative techniques and materials, writing and defending a scientific thesis.

Outcomes

The knowledge of the indications for, and the ability to prescribe and interpret caries detection, ability to produce accurate definitive and differential diagnosis of dental caries, including caries risk, non caries tooth substance loss (attrition, trauma, erosion abrasion), hypersensitivity (exposed cervical dentin), the knowledge and ability to carry out direct or indirect restorations.

Strengths

Department of Restorative Dentistry and Cariology consists of experienced lecturers.

- There are adequate number of dental units.
- There are adequate number of patients.
- Clinical education is given to small group of students.
- Within the bilateral agreement between faculties in different countries in Europe (ERASMUS Teaching Staff Mobility), three lecturers were invited to give lectures. (Prof. Dr. Sebnem Turkun/ Radboud University, Nijmegen, Holland; Assoc. Prof. Dr. Zeynep Ergücü / Porto University, Portugal; Prof. Dr. Tijen Pamir/ Justus Liebig University Giessen, Germany)
- Likewise education, scientific research is of great importance for all the academic staff. Our lecturers are proud to have a number of studies published in high impact scientific journals, joint studies, international stipends and awards.

Weaknesses

- Currently there are no state of the art dental simulators in the preclinical laboratory, but only conventional Phantom heads.
- Caries prophylaxis is still lacking, so preventive treatment modalities need to be revised or restructured. Thus, more importance should be paid to patient-based preventive strategies.

SECTION 8

ENDODONTOLOGY

Section 8. DEPARTMENT OF ENDODONTOLOGY

Person who is responsible to explain this section to the visitors:

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The department consists of 5 professors, 3 assistant professor and 10 research assistants.

Aims

- To provide experience in the examination of patients and diagnosis of dental hard tissue, pulp and periradicular disease
- To provide sufficient basic and current concepts of prevention, diagnosis and management of diseases of the pulp and related diseases of the periradicular tissues.
- To develop clinical skills that will allow students to undertake endodontic treatment of non-complicated root canals

Endodontology is the branch of dentistry which is concerned with the biology, morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice surround the basic clinical sciences including biology of the normal pulp; the etiology, diagnosis, prevention, and treatment of diseases and injuries of the pulp: and associated periradicular conditions. We provide the highest standard of professional care in a friendly, comfortable environment. The course is spanning from 2nd to the 5th year (3rd to 10th semester).

The goal of the course is to develop well-trained clinicians capable of providing biologically based endodontic care and potential faculty members with a comprehensive background of clinical experience, current basic science knowledge relevant to endodontics, and an understanding of research methodology. Clinical experiences include the opportunity to provide diagnostic services, nonsurgical endodontic treatment and retreatment.

Postgraduate program is run under the supervision of the academic staff. In the first two years of their education, doctoral students both receive theoretical information and gain experience by treating a huge number of patients. They complete the program by preparing their thesis. Every Wednesday between 15:00 and 16.00, doctoral students present their papers and case reports in the field of endodontics are presented and discussed in the seminar room of the Department.

Outcomes

To have clinical and theoretical experiences include the opportunity to provide diagnostic services, nonsurgical endodontic treatment and retreatment, current basic science knowledge relevant to endodontics, and an understanding of research methodology.

Strengths

- A comprehensive theoretical course
- Students have the opportunity of practical training with high number of patients' during their clinical education. Clinical education is given to small groups of students.
- A favourable academic staff to student ratio.
- Adequate number of patients and dental materials.
- Modern simulation laboratory for the preclinical education.

Weaknesses

- Insufficient number of dental units.
- Inadequate number of supporting staff

SECTION 9

PERIODONTOLOGY

Section 9. DEPARTMENT OF PERIODONTOLOGY

Person who is responsible to explain this section to the visitors:

Name: Prof. Dr. Nurcan BUDUNELİ

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The department consists of 10 professors, 2 associate professor, 4 assistant professors and 14 PhD students.

The Department of Periodontology, Dental School, Ege University has a structured content of lectures for both undergraduate and post-graduate students.

Aims

- To provide an understanding of the anatomy and functions of the periodontal tissues; gingiva, cementum, periodontal ligament, and alveolar bone.
- To provide an understanding of periodontal diseases in terms of classification, diagnosis, and prognosis.
- To provide a back ground for the understanding of preventive and therapeutic measures; patient instruction and motivation on oral care, non-surgical, surgical periodontal therapy, chemical agents used in periodontal treatment, constructive surgical approaches, and dental implants.

Students are expected to become competent at diagnosis and classification of periodontal diseases and to provide adequate non-surgical treatment comprising patient motivation, scaling and root planing. Furthermore, they are expected to have the knowledge of different treatment modalities such as surgical periodontal treatment including flap surgery, regenerative and respective surgery, mucogingival surgery, implant surgery and they are also expected to be familiar with treatment approaches such as host modulation therapy, lasers in periodontal therapy, multidisciplinary treatment of periodontal lesions. Moreover, they learn about the interactions of systemic diseases and periodontal diseases.

The academic staff aims to maintain an outcome-based education, with the milestones such as student-centered study, self-directed learning, flexibility, and

guide for assessment. It is of great importance that the education is standard and systematic.

The post-graduate education (PhD) courses aim to bring the students to have scope for freedom of proficiency and awareness. Thus, their education is mainly based on learning sophisticated research methods, conducting a research, performing/using innovative techniques and materials, presenting findings of a research, writing and defending a thesis.

Outcomes

The students learn how to make a clinical examination for periodontal diagnosis, how to obtain medical and dental history, how to record the clinical periodontal indices, make a clinical periodontal diagnosis, then make a treatment plan and perform the initial periodontal treatment. The students also learn how to take precautions against cross-infections. The students become experienced on scaling and root planning and treat particularly chronic gingivitis and chronic periodontitis.

Strengths

- Periodontology department hosts experienced and well qualified lecturers both from the clinical and research points of view.
- There are lots of patients and students have the chance to see varieties of clinical presentation of periodontal diseases.
- Clinical training is provided to students in small groups and also there are seminars for these small groups apart from the lectures.
- The students are well trained in terms of patient motivation, scaling and root planing which are mandatory components of periodontal treatment.

Weaknesses

- Preclinical training could be performed on better phantom models.
- The number of dental units is less than enough for both students and the staff.
- The time that students spend in periodontology clinic is rather short and the students do not have the opportunity to experience the maintenance phase of periodontal treatment.
- Due to the short duration of time that the students spend in the periodontology clinic and the overcrowded classes, the students do not have the opportunity to experience periodontal surgery.

SECTION 10

PROSTHODONTICS

Section 10. DEPARTMENT OF PROSTHODONTICS

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Prosthodontics Department consists of 14 Professors, 5 Associate Professors, 4 assistant professors and 23 PhD students.

Aims

- To familiarize students with basic principles of prosthetic dentistry so that they can gain theoretical and practical knowledge in this field.
- To provide a basic training for the students that will enable him/her to carry out prosthetic treatments satisfactorily in general dental practice.
- To give knowledge of anatomy, morphology and function of teeth, the stomatognathic system and adjacent craniomandibular structures
- To teach the basic principles of partial, complete, fixed and immediate dentures
- To familiarize students with the dental materials used in prosthetic dentistry and to teach basic knowledge about their chemical, physical characteristics and their correct processing.
- To teach use of novel dental instruments and materials
- To discuss disorders of the TMJ and occlusion, aetiology, epidemiology, differential diagnosis and management of Temporomandibular dysfunction.
- To familiarize students with the prosthetic indications in dental implantology.
- To teach treatment planning of dental implantology

- To train the students to be competent with adequate services to patients and encourage them to continue with postgraduate studies.

The education in the Prosthetic Dentistry begins by the first year of the dental education. The main topic of the theoretical lectures and practical training is dental anatomy and physiology. In the second year, prosthodontics teaching includes lectures in removable partial and complete dentures as well as dental materials. In practical training, the techniques of modern clinical prosthodontics are demonstrated to the students using phantom teeth and models. In the third year, prosthetic dentistry covers treatment planning and prosthesis designs for all partially edentulous patients, including fixed dental prostheses and precision attachments.

TMJ movement and occlusion are also thought theoretically in this year for students to have knowledge on TMJ and related problems. The main topics of the course are functional anatomy of the masticatory system, occlusion, types and criteria of occlusion, the mechanics of the TMJ movement. In the third year prosthetic dentistry comprises courses with hands on experience in the laboratory on phantom patients in small groups. The students are educated according to the clinical care of patients.

The main topics of the fourth year are, teaching prosthetic rehabilitation methods, diagnosis and treatment planning of complete, fixed and removable partial dentures, educating students for clinical applications and demonstrating clinical applications to the students.

Maxillofacial prosthesis and implantology are courses given in the fifth year. Implantology is a multidisciplinary lesson lectured by oral radiology, oral surgery, periodontology and prosthodontics departments to familiarize students with recent developments in oral implantology. In the fifth year, the students are obliged to complete a 4 month multidisciplinary clinic including an integrated teaching system including prosthodontics, restorative, endodontics, periodontology and surgery clinical trainings. Each department requires a specific amount of treatments for clinical eligibility at the end of this period. This clinical training modality simulates a dental office practice for the student and had been tested about 8 years ago and having observed better results in education, as an outcome based learning, this treatment approach had been adopted from then on. The students are taught to be competent in diagnosis, treatment planning, fixed, removable and complete denture treatment modalities at the end of their last year prosthodontics education.

Outcomes

The knowledge of the indications for, and the ability to prescribe and interpret prosthodontic treatment planning, ability to produce accurate definitive and differential

diagnosis of prosthesis types, the knowledge and ability to carry out direct or indirect restorations.

Strengths

- In the third year of prosthodontic education, students work on realistic simulation models (phantom patient) in small groups in the 1st semester while clinical training starts at the 2nd semester under supervision of teaching assistants and Professors.
- Students are encouraged to participate in research activity, but this is not included in the curriculum
- Sufficient amount of patients and cases for the clinic students
- Student/research assistant ratio is one to two in the clinics
- Sufficient number of academic staff
- The facilities of the prosthodontic clinics are adequate
- Dental research laboratory facilities
- Enhanced treatment modalities in implant and esthetic dentistry, including computer -aided design and manufacturing (CAD/CAM)
- Internationally financed and awarded research projects in adhesive and implant dentistry.

Weaknesses

- The expenses of the prosthodontic department are more than the incomes because of the large number of students.

SECTION 11

ORAL AND MAXILLOFACIAL SURGERY

Section 11. DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Person who is responsible to prepare this section of the report:

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The academical staff consists of 7 Professors, 3 Associate Professors, 5 assistant professors and 10 PhD students.

Aims

The undergraduate course in oral surgery includes theoretical and basic technical aspects of surgical and non-surgical removal of teeth, preprosthetic surgery, dental implants, bone grafts and grafting procedures, maxillofacial and head trauma, maxillofacial cyts, tumours, cancer, maxillofacial reconstruction, oral medicine, temporomandibular disorders. Training on oral surgery is at the 3rd, 4th and 5th year of the dental curriculum.

Students should have sufficient training and must be able to demonstrate competence in the below given areas.

- History taking and examination of the oral cavity
- Basic life support
- Diagnose common diseases of the oral cavity
- Perform minor oral surgical procedures such as surgical tooth removal
- Coping with common complications
- Recognize post-op complications and side effects of common operations
- Referral to an appropriate specialist when necessary
- Theoretical lectures about local and general anesthesia and oral surgical procedures
- Demonstration of the above mentioned concepts

- Patient evaluation and treatment planning of common odontogenic pathologies
 - Techniques of topical, local and regional dental anaesthesia
 - Extraction of teeth and management of complications
 - Surgical extractions
 - Prescription and proper use of antibiotics, analgesics and other drugs relevant to dentistry
 - Postoperative care of minor oral surgery patients
 - Odontogenic infections including treatment, complications and post-operative care
 - Maxillofacial trauma with emphasis on dental trauma
 - Oral manifestations of systemic diseases
 - Decision making and indications for patient referrals

Oral Surgery program commences in the 3rd year of dental education and two courses are given as “oral surgery” and “dental anaesthesiology”. Students are expected to be competent at all subjects taught this year. Local and regional anaesthesia techniques and their complications, principles of oral surgery and tooth extraction are taught. History taking, management of patients with systemic disease and disabilities, drugs commonly used in oral surgery are emphasized. Students attend operating rooms and do shadowing for 2 hours in a year.

In the 4th year, there are 6 hours of theoretical lessons per-week and 40 days of clinical practice in a year. Patients are expected to have knowledge about the etiology, pathogenesis, clinical and radiographic findings, diagnosis, treatment and recurrence potential of jaw cysts and similar pathologies, manifestations of specific infections in the maxillofacial area and treatment as well as the technique of minor oral surgical operations are taught. Students attend oral surgery clinics where they remove teeth under local anesthesia and under close supervision.

In the 5th year, students have to attend 6 hours of theoretical lessons per-week and there are 5 weeks of clinical and operating room training. This year's curriculum encompasses a full scope of oral surgical procedures at a basic level, maxillofacial trauma, dental implantology, TMJ disorders, maxillofacial pain, oral cancer from a theoretical and diagnostic point of view are taught. Clinical work

include surgical extractions and suturing technics at a more complicated level than 4th year.

Strengths

- Lectures are given in detail
- The number of lecturers and clinical tutors is sufficient

Weaknesses

Clinics and operating room facilities need to be renewed.

SECTION 12

ORAL AND MAXILLOFACIAL RADIOLOGY

Section 12. DEPARTMENT OF ORAL AND MAXILLOFACIAL RADIOLOGY

Person who is responsible to prepare this section of the report:

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The Department consists of 7 professors, 1 associate professor, and 3 research assistants.

Aims

- To provide an understanding of the range of systemic diseases, dental pathologies as well as intra-oral and extra-oral radiographic methods
- To provide a back ground to the understanding of the measures required for diagnosis, to obtain required images and make treatment plans
- To develop competence in history taking and examination and the ability to formulate treatment plans in the light of patients' dental needs and wishes.

Students are taught to be competent at diagnosis and treatment planning for all oral and dental pathologies. They are capable of performing intraoral and panoramic radiological examinations and evaluations. Furthermore, during their education, they are having the knowledge of many other extra-oral radiographic techniques and they are also being familiar with advanced imaging techniques such as cone beam computed tomography.

Alongside the health services, academic research, pre- and post-graduate teaching and training programs are held in harmony with theoretical, seminar and practical applications.

The Department of Oral and Maxillofacial Radiology is an academic unit where oral and maxillofacial tissues and organs are systematically studied. All

physiological and pathological changes concerning the maxillofacial structures are interpreted both clinically and radiologically, and the treatment plan is designed.

The Department provides services in two clinics: Oral Diagnosis Clinic and Radiology Clinic. Oral Diagnosis Clinic features a total of 9 units where patients' initial examination and treatment planning after radiographic evaluation are carried out.

Radiology Clinic features 4 conventional dental x-ray devices and 3 panoramic x-ray machines (1 is direct digital, 2 films), 1 panoramic size SPP plate scanner, 2 intraoral storage phosphor plate scanners, 1 film printer, 2 automatic developing devices and 2 manual conventional developing tanks in a dark room. In addition, there is 1 x-ray machine for taking periapical radiographs for academic studies secured in a box covered with lead. The Radiology Clinic also bears one cone beam computed tomography device. Six x-ray technicians serve in the Radiology Clinic.

Theoretical lectures and practical education are given in the 3rd and 4th years, while only practical education is given at the 5th year. In the 3rd year, the essential concepts of getting the patients history and physical examination of the oral cavity, head and neck are lectured in addition to the basic intraoral radiographic techniques. In the 4th year, the students learn the clinical stages of how to examine patients and to diagnose pathologies localized in the oral cavity along with the systemic diseases and dental consequences of these diseases. In the 5th year, the students learn and practice the differential diagnosis and treatment planning during their clinical training.

Outcomes

The knowledge of the indications for all oral and dental pathologies, ability to produce accurate definitive and differential diagnosis of dentomaxillofacial diseases, the knowledge and ability to carry out all intra-oral and panoramic x-ray exposures and examinations.

Strengths

- Oral and Maxillofacial Radiology Department consists of experienced lecturers.
- Clinical and radiological education is given to respectively small group of students.
- In both clinics of the Department, examination and treatment planning for each patient is completed within the day they arrive and they are immediately forwarded to other clinics for treatment appointments.
- In our school of dentistry we have an internal network. All images are loaded to the system after X-ray examination is completed in our dept. and immediately transferred to the computers of all units in every clinic within the school through the online system. We also have a PACS system and all visuals can be kept for future use.

Weaknesses

- Having patients over adequate numbers may affect the the quality of education and patient care.
- Due to the overwhelming numbers of patients the number of units in the outpatient clinic is not adequate.
- Today, rapidly-developing advanced imaging techniques are widely used in dentistry. However, as we do not have technological equipment and facilities to meet the great demand in the Radiology Clinic, we are obliged to send patients to Radiology Department of School of Medicine for MRI, ultrasound or computed tomography in need.
- None of the x-ray technicians have received any official education in their field; all these technicians have been trained in the Department.

SECTION 13

ORAL PHYSIOLOGY AND PATHOLOGY UNIT

Section 13. ORAL PHYSIOLOGY AND PATHOLOGY UNIT

Person who is responsible to explain this section to the visitors:

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Fax: + 90 232 339 53 53 - 101

Students are taught to be competent at stomathognathic system physiology in the direction of clinic practices. They are capable of acquiring the theoretical and practical knowledge in the process of moving into clinical practice.

Routine blood tests are done at Physiology Laboratory. One technician and one secretary are on duty within the unit.

SECTION 14

EXAMINATIONS, ASSESSMENTS and COMPETENCES

Section 14. EXAMINATIONS, ASSESSMENTS and COMPETENCES

Qualification Awarded:

It is a one-tier programme. Graduates who successfully complete all courses in the curriculum, including clinical internships and succeed in all examinations get DDS (Doctor of Dental Science) degree.

Specific Arrangements For Recognition Of Prior Learning (Formal, Non-Formal and Informal):

Recognition of prior non-formal and in-formal learning is at the beginning stage of Turkish Higher Education Institutions. Ege University and hence of the Faculty of Dentistry is not an exception to this. However, exams of exemption are organized at the start of each academic year at the Faculty for the courses of English Language and Computer Skills. The students who have completed the proficiencies for these courses on his/her own or through other means, and believe that they have achieved the learning outcomes specified are given right to take the exemption exams. The students who achieve a passing grade from these exams are held exempt from the related course in the curriculum.

Qualification Requirements and Regulations:

The faculty of dentistry accepts students every year who have high school diplomas and meet the legal and academic requirements identified by the ÖSYM (Higher Education Council Student Selection and Placement Centre).

The DDS degree is awarded to students who have successfully completed all courses in the five-year curriculum including clinical internships (totally 300 ECTS) and have obtained a cumulative grade point average (CGPA) value of at least 2.00 on a 4.00 scale without any failing grades.

SECTION 15

STUDENT AFFAIRS

Section 15. STUDENTS AFFAIRS

Profile of the Programme:

Courses in the curriculum of Faculty of Dentistry are generally taught in annual bases, in addition to this some of the courses are taught in semester basis. Therefore the curriculum is designed in annual basis. The curriculum is composed of basic medicine education as well as diagnosis and treatment of dental diseases.

CURRICULUM:

T : Theoretical P: Practice L : Laboratory

1. Year

| Course Unit Code | Course Unit Title | Type of Course | T | P | L | ECTS |
|------------------------------|---|-----------------------|----------|----------|----------|-------------|
| 200001191996 | ANATOMY | Compulsory | 2 | 2 | 0 | 3 |
| 200001202002 | BASICS OF COMPUTER | Compulsory | 3 | 0 | 0 | 3 |
| 200001132002 | BEHAVIORAL SCIENCE | Compulsory | 2 | 0 | 0 | 2 |
| 200001182007 | BIOPHYSICS | Compulsory | 1 | 0 | 1 | 2 |
| 200001042007 | BIostatISTICS | Compulsory | 2 | 2 | 0 | 4 |
| 200001152001 | DENTAL ANATOMY AND PHYSIOLOGY | Compulsory | 2 | 0 | 16 | 10 |
| 200001091996 | DEONTOLOGY | Compulsory | 1 | 0 | 0 | 2 |
| scgrpdh001 | ELECTIVE COURSE 1 | Elective | - | - | - | 1 |
| 200001161996 | EPIDEMIOLOGY | Compulsory | 1 | 0 | 0 | 2 |
| 200001212010 | FOREIGN LANGUAGE I | Compulsory | 4 | 0 | 0 | 4 |
| 200001362010 | FOREIGN LANGUAGE II | Compulsory | 4 | 0 | 0 | 4 |
| 200001111996 | HISTORY OF DENTISTRY | Compulsory | 1 | 0 | 0 | 2 |
| 200001052001 | MEDICAL BIOLOGY AND GENETICS | Compulsory | 4 | 2 | 0 | 5 |
| 200001142001 | ORGANIC CHEMISTRY | Compulsory | 2 | 0 | 2 | 4 |
| 200001082007 | PHYSICS | Compulsory | 1 | 0 | 1 | 2 |
| 200001022006 | PRINCIPLES OF ATATURK AND RECENT TURKISH HISTORY I | Compulsory | 2 | 0 | 0 | 2 |
| 200000942006 | PRINCIPLES OF ATATURK AND RECENT TURKISH HISTORY II | Compulsory | 2 | 0 | 0 | 2 |
| 200001342009 | TRANSITION INTO UNIVERSITY LIFE | Compulsory | 2 | 0 | 0 | 2 |
| 200000922006 | TURKISH LANGUAGE II | Compulsory | 2 | 0 | 0 | 2 |
| 200001012006 | TURKISH LANGUAGE-I | Compulsory | 2 | 0 | 0 | 2 |
| Total | | | 40 | 6 | 20 | 60 |

2. Year

| Course Unit Code | Course Unit Title | Type of Course | T | P | L | ECTS |
|------------------------------|-------------------------------|-----------------------|----------|----------|----------|-------------|
| 200002322009 | APPLIED SOCIAL SERVICES | Compulsory | 2 | 0 | 0 | 2 |
| 200002112007 | BIOCHEMISTRY | Compulsory | 2 | 1 | 0 | 4 |
| 200002202001 | CONSERVATIVE DENTAL TREATMENT | Compulsory | 2 | 7 | 0 | 8 |
| scgrpdh002 | ELECTIVE COURSE 2 | Elective | - | - | - | 1 |
| 200002212001 | ENDODONTICS | Compulsory | 2 | 3 | 0 | 5 |
| 200002022007 | HISTOLOGY-EMBRYOLOGY | Compulsory | 3 | 2 | 0 | 5 |
| 200002052007 | MICROBIOLOGY | Compulsory | 3 | 1 | 0 | 4 |
| 200002082007 | PARASITOLOGY | Compulsory | 2 | 0 | 0 | 2 |
| 200002232004 | PERIODONTOLOGY | Compulsory | 2 | 0 | 0 | 3 |
| 200002032007 | PHYSIOLOGY | Compulsory | 2 | 2 | 0 | 3 |
| 200002142001 | PROSTHODONTICS | Compulsory | 4 | 16 | 0 | 13 |
| 200002152007 | SCIENCE OF DENTAL MATERIALS | Compulsory | 3 | 0 | 0 | 3 |
| 200002122010 | SYSTEMATIC ANATOMY | Compulsory | 2 | 3 | 0 | 5 |
| 200002222002 | TOPOGRAPHIC ANATOMY | Compulsory | 1 | 1 | 0 | 2 |
| Total | | | 30 | 36 | 0 | 60 |

3. Year

| Course Unit Code | Course Unit Title | Type of Course | T | P | L | ECTS |
|------------------------------|-------------------------------|-----------------------|----------|----------|----------|-------------|
| 200003222001 | CONSERVATIVE DENTAL TREATMENT | Compulsory | 2 | 3 | 0 | 4 |
| 200003062001 | DENTAL ANAESTHESIA | Compulsory | 2 | 0 | 0 | 2 |
| 200003032001 | DENTAL SURGERY | Compulsory | 4 | 2 | 0 | 5 |
| scgrpdh003 | ELECTIVE COURSE 3 | Elective | - | - | - | 1 |
| 200003232001 | ENDODONTICS | Compulsory | 2 | 5 | 0 | 5 |
| 200003132007 | ORAL BIOCHEMISTRY | Compulsory | 2 | 1 | 0 | 3 |
| 200003042001 | ORAL DIAGNOSIS AND RADIOLOGY | Compulsory | 2 | 2 | 0 | 3 |
| 200003161998 | ORAL HISTOLOGY-EMBRYOLOGY | Compulsory | 1 | 1 | 0 | 2 |
| 200003142007 | ORAL MICROBIOLOGY | Compulsory | 2 | 1 | 0 | 3 |
| 200003151998 | ORAL PHYSIOLOGY | Compulsory | 1 | 1 | 0 | 2 |
| 200003052001 | ORTHODONTICS | Compulsory | 4 | 2 | 0 | 5 |
| 200003102001 | PAEDIATRIC DENTISTRY | Compulsory | 2 | 2 | 0 | 3 |
| 200003012007 | PATHOLOGY | Compulsory | 2 | 2 | 0 | 3 |
| 200003072004 | PERIODONTOLOGY | Compulsory | 4 | 5 | 0 | 7 |
| 200003022007 | PHARMACOLOGY | Compulsory | 2 | 0 | 0 | 2 |
| 200003122001 | PROSTHODONTICS | Compulsory | 4 | 11 | 0 | 10 |
| Total | | | 36 | 38 | 0 | 60 |

1. Year

| Course Unit Code | Course Unit Title | Type of Course | T | P | L | ECTS |
|------------------------------|--|-----------------------|----------|----------|----------|-------------|
| 200004151999 | CLINICAL PHARMACOLOGY | Compulsory | 1 | 1 | 0 | 2 |
| 200004222001 | CONSERVATIVE DENTAL TREATMENT | Compulsory | 2 | 3 | 0 | 4 |
| 200004171999 | DERMATOLOGY | Compulsory | 1 | 0 | 0 | 2 |
| 200004232001 | ENDODONTICS | Compulsory | 2 | 3 | 0 | 4 |
| 200004101999 | GENERAL SURGERY-PLASTIC AND RECONSTRUCTI | Compulsory | 1 | 0 | 0 | 2 |
| 200004142001 | INTERNAL MEDICINE | Compulsory | 2 | 0 | 0 | 2 |
| 200004072001 | ORAL DIAGNOSIS AND RADIOLOGY | Compulsory | 2 | 6 | 0 | 5 |
| 200004012001 | ORAL DISEASES | Compulsory | 2 | 0 | 0 | 2 |
| 200004022001 | ORAL DISEASES AND SURGERY | Compulsory | 4 | 6 | 0 | 8 |
| 200004162007 | ORAL PATHOLOGY | Compulsory | 2 | 0 | 0 | 2 |
| 200004052001 | ORTHODONTICS | Compulsory | 4 | 6 | 0 | 7 |
| 200004092001 | PAEDIATRIC DENTISTRY | Compulsory | 4 | 6 | 0 | 7 |
| 200004042005 | PERIODONTOLOGY | Compulsory | 2 | 6 | 0 | 5 |
| 200004122001 | PROSTHODONTICS | Compulsory | 4 | 6 | 0 | 8 |
| Total | | | 33 | 43 | 0 | 60 |

5. Year

| Course Unit Code | Course Unit Title | Type of Course | T | P | L | ECTS |
|------------------------------|--|-----------------------|----------|----------|----------|-------------|
| 200005222009 | CONSERVATIVE DENTAL TREATMENT CLINICAL TRAINING | Compulsory | 0 | 5 | 0 | 5 |
| 200005272000 | DENTAL DEONTOLOGY | Compulsory | 1 | 0 | 0 | 1 |
| 200005082001 | DENTAL SURGERY | Compulsory | 2 | 0 | 0 | 2 |
| 200005232009 | ENDODONTICS CLINICAL TRAINING | Compulsory | 0 | 5 | 0 | 5 |
| 200005252004 | FIRST AID AND EMERGENCY TREATM | Compulsory | 2 | 2 | 0 | 2 |
| 200005302000 | FORENSIC MEDICINE | Compulsory | 1 | 0 | 0 | 1 |
| 200005282007 | IMPLANTOLOGY | Compulsory | 2 | 0 | 0 | 1 |
| 200005312009 | MULTIDISCIPLINARY CLINICAL TRAINING | Compulsory | 4 | 0 | 0 | 4 |
| 200005051994 | NEUROLOGY-PSYCHOLOGY | Compulsory | 1 | 0 | 0 | 1 |
| 200005242007 | OFFICE MANAGEMENT AND ERGONOMICS | Compulsory | 1 | 0 | 0 | 1 |
| 200005092001 | ORAL AND MAXILLOFACIAL PROSTHETICS | Compulsory | 2 | 0 | 0 | 2 |
| 200005072001 | ORAL AND MAXILLOFACIAL SURGERY | Compulsory | 2 | 0 | 0 | 2 |
| 200005112009 | ORAL DIAGNOSIS AND RADIOLOGY CLINICAL TRAINING | Compulsory | 0 | 6 | 0 | 5 |
| 200005132009 | ORTHODONTICS CLINICAL TRAINING | Compulsory | 0 | 6 | 0 | 5 |
| 200005031994 | OTORHINOLARYNGOLOGY | Compulsory | 1 | 0 | 0 | 1 |
| 200005142009 | PAEDIATRIC DENTISTRY CLINICAL TRAINING | Compulsory | 0 | 6 | 0 | 3 |
| 200005172009 | PERIODONTOLOGY CLINICAL TRAINING | Compulsory | 0 | 10 | 0 | 6 |
| 200005152009 | PROSTHESIS CLINICAL TRAINING | Compulsory | 0 | 10 | 0 | 6 |
| 200005262007 | PUBLIC ORAL DENTAL HEALTH | Compulsory | 2 | 0 | 0 | 1 |
| 200005122009 | SURGERY CLINICAL TRAINING | Compulsory | 0 | 7 | 0 | 5 |
| 200005292007 | TMJ MOVEMENT AND OCCLUSION(GNATHOLOGY) | Compulsory | 1 | 0 | 0 | 1 |
| Total | | | 22 | 57 | 0 | 60 |

ELECTIVE COURSE 1

| Course Unit Code | Course Unit Title | Type of Course | T P L ECTS |
|------------------------------|---------------------------|-----------------------|-------------------|
| 200001282009 | SPEECH EDUCATION | Elective | 1 0 0 1 |
| 200001302009 | AEGEAN CYLTURE | Elective | 1 0 0 1 |
| 200001322009 | TRADITIONAL TURKISH MUSIC | Elective | 1 0 0 1 |

ELECTIVE COURSE 2

| Course Unit Code | Course Unit Title | Type of Course | T P L ECTS |
|------------------------------|------------------------------------|-----------------------|--------------------|
| 200002252009 | SOCIAL ACCOMPLISHMENT EDUCATION | Elective | 2 0 0 1 |
| 200002282009 | HEALTH PSYCHOLOGY | Elective | 1 0 0 1 |
| 200002292009 | PUBLIC RELATIONS AND COMMUNICATION | Elective | 1 0 0 ¹ |

ELECTIVE COURSE 3

| Course Unit Code | Course Unit Title | Type of Course | T P L ECTS |
|------------------------------|-------------------------------|-----------------------|-------------------|
| 200003262009 | CURRENT AND ECONOMICAL EVENTS | Elective | 1 0 0 1 |
| 200003282009 | HUMAN RELATIONS | Elective | 1 0 0 1 |
| 200003302009 | THE HUMAN AND THE CULTURE | Elective | 1 0 0 1 |

SECTION 16

RESEARCH AND PUBLICATIONS

Section 16. RESEARCH AND PUBLICATIONS

1) DEPARTMENT OF RESTORATIVE DENTISTRY and CARIOLOGY

SCI Publications (*within last 5 years*)

1. Pamir T, Dalgac H, Önal B, “Clinical evaluation of three desensitizing agents in relieving dentin hypersensitivity”, Oper Dent, 32, 544-548, 2007
2. Toman M, Cal E, Türkün M, Ertuğrul F. Bond strength of glass-ceramics on the fluorosed enamel surfaces. Journal of Dentistry 2008 Apr;36(4):281-6. Epub 2008, Mar 4.
3. Eronat N, Candan U, Türkün M. Effects of glass fiber layering on the flexural strength of microfill and hybrid composites. Journal of Esthetic and Restorative Dentistry 2009;21(3):171-8; discussion 179-81.
4. DüNDAR M, Cal E, Gökçe B, Türkün M, Özcan M. Influence of fluoride- or triclosan-based desensitizing agents on adhesion of resin cements to dentin. Clinical Oral Investigations 2010 Oct;14(5):579-86. Epub 2009 Aug 19.
5. Türkün M, Çelik EU. One-year clinical evaluation of the efficacy of a new daytime at-home bleaching technique. Journal of Esthetic and Restorative Dentistry 2010; 22 (2): 139-46.
6. Uzer Çelik E, Kumbaracı N, Çal E, Türkün M. Influence of two desensitizer agents on the microleakage of adhesively luted ceramic inlays. European Journal of Dentistry 2011; 5 (1): 77-83.
7. Kumbuloglu O, Lassila LVJ, Türkün M, Vallittu PK. Effect of various disinfection methods on bonding strength of glass-fibre post to root canal dentin. Materials Research Innovations (accepted for publication)
8. Tezel H, Ertas OS, Ozata F, Dalgac H, Korkut ZO. The effect of bleaching agents calcium loss on enamel surface. Quintessence Int 2007; 38:4 339-347.
9. Kal BI, Evcin O, Dundar N, Tezel H, Unal I. An unusual case of immediate hypersensitivity reaction associated with an amalgam restoration. Br Dent J. 2008; 22: 205(10): 547-550.

10. Tezel H, Atalayın C, Ertürk O, Karasulu E. Susceptibility of enamel treated with bleaching agents to mineral loss after cariogenic challenge. *Int J Dent.* 2011; Article ID 953835, 8 pages doi:10.1155/2011/953835.
11. Bulut H, Türkün M, Türkün LS, Işıkşal E. Evaluation of the shear bond strength of 3 curing bracket bonding systems combined with an antibacterial adhesive. *Am J Orthod Dentofacial Orthop.* 2007 Jul;132(1):77-83.
12. Türkün LS, Türkün M, Ertugrul F, Ates M, Brugger S. Long-Term Antibacterial Effects and Physical Properties of a Chlorhexidine-Containing Glass Ionomer Cement. *J Esthet Restor Dent.* 2008 Feb;20(1):29-44.
13. Türkün LŞ, Celik EU. Noncarious class V lesions restored with a polyacid modified resin composite and a nanocomposite: a two-year clinical trial. *J Adhes Dent.* 2008 Oct; 10(5): 399-405.
14. Ertugrul F, Türkün M, Türkün LŞ, Toman M, Cal E. Bond strength of different dentin bonding systems to fluorotic enamel. *J Adhes Dent.* 2009 Aug;11(4): 299-303.
15. Çelik EU, Aladağ A, Türkün LŞ, Yılmaz G. Color Changes of Dental Resin Composites before and after Polymerization and Storage in Water. *J Esthet Restor Dent.* 2011 Jun;23(3):179-88. doi: 10.1111/j.1708-8240.2011.00421.x. Epub 2011 Apr 27
16. Gökçe B, Çömlekoğlu ME, Özpınar B, Türkün M, Kaya AD, "Effect of antioxidant treatment on bond strength of a luting resin to bleached enamel", *Journal of Dentistry* 2008, 36: 780-785.
17. Kaya AD, Ergün S, Güneri P, Aktener O, Boyacıoğlu H. Mandibular bone changes in sickle cell anemia: fractal analysis. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2008, 106: 41-48.
18. Kaya AD, Türkün M, Arıcı M, Reversal of compromised bonding in bleached enamel using antioxidant gel. *Operative Dentistry* 2008, 33-4: 441-447.
19. Türkün M., Çelik UE., Kaya AD, Arıcı M., Can the Hydrogel Form of Sodium Ascorbate Be Used to Reverse Compromised Bond Strength After Bleaching? *Journal of Adhesive Dentistry*, 2009; 11: 35-40.
20. Pamir T, Kaya AD, Baksi BG, Sen BH, Boyacıoğlu H, The influence of bonding agents on the decision to replace composite restorations. *Oper Dent*, 35, 572-578, 2010.

21. Pamir T, Eden E, Ahmed SS, Shear bond strength of restorations applied to uncomplicated crown fractures: an in vitro study. *Dent Traumatol*, doi: 10.1111/j.1600-9657.2011.01063.x, 2011.
22. Ergücü Z, Türkün LŞ. Surface roughness of novel resin composites polished with one-step systems. *Operative Dentistry* 2007, 32(2), 185-192.
23. Ergücü Z, Türkün LŞ. Clinical performance of novel resin composites in posterior teeth: 18-month results. *Journal of Adhesive Dentistry* 2007, 9(2), 209–216.
24. Ergücü Z, Türkün LS, Aladağ A, Color stability of nanocomposites polished with one-step systems. *Operative Dentistry* 2008, 33(4), 413-420.
25. Celik EU, Ergücü Z, Türkün LS, Türkün M, Effect of different laser devices on the composition and microhardness of dentin. *Operative Dentistry* 2008, 33(5), 496-501.
26. Ergücü Z, Celik EU, Ünlü N, Türkün M, Özer F. Effect of Er,Cr:YSGG laser on the microtensile bond strength of two different adhesives to the sound and caries-affected dentin. *Operative Dentistry* 2009, 34(4), 460-466.
27. Ergücü Z, Türkün LS, Onem E, Güneri P. Comparative radiopacity of six flowable resin composites. *Operative Dentistry* 2010, 35(4), 436-40.
28. Celik EU, Ergücü Z, Türkün LS, Ercan UK. Tensile Bond Strength of an Aged Resin Composite Repaired with Different Protocols. *Journal of Adhesive Dentistry*, 28 doi: 10.3290/j.jad.a19651.

International Lectures, Oral and Poster Presentations

1. Önal B. Aesthetische Restorationen Zahnaerzte Kamer Fortbildung, Bodensee-Zürich, Sweden 26. 05.2007 (Key lecturer)
2. Çal E, DüNDAR M, Gökçe B, Türkün M. Effect of desensitizers on bond strength of indirect all-ceramic restorations. 85th General Session & Exhibition of the IADR, March 21-24, 2007, New Orleans, Louisiana (Oral presentation)
3. Eyüpoğlu TF, Ceyhanlı T, Türkün M, Erdilek N. Evaluation of Different Irrigation Solution-Root Canal Sealer Combinations by Means of Two Different Leakage

- Tests and SEM Analysis. 13th Biennial Congress of the European Society of Endodontology, 6-8 September 2007, İstanbul. (Oral presentation)
4. Türkün M, Uzer Çelik E, Aladag A, Gökay N. Comparison of the clinical efficacy of different vital bleaching systems, Annual Meeting IADR-Continental European and Israeli Divisions, September 26-29, 2007, Thessaloniki, Greece. (Oral presentation)
 5. Çelik EU, Çal E, Türkün M. Effect of rewetting cavities with HEMA-desensitizers on microleakage of adhesive-luting-cement, IADR 86th General Session & Exhibition, July 2-5, 2008, Toronto, Canada. (Oral presentation)
 6. Çal E, Çelik EU, Türkün M, Performance of self-adhesive luting-resins on microleakage of Empress-2 inlay restorations, IADR 87th General Session & Exhibition, April 1-4, 2009, Miami, USA. (Oral presentation)
 7. Ceyhanlı KD, Eyüpoğlu TF, Erdilek N, Türkün M. Apical adaptation of four different instruments: An ex vivo study, 13th Biennial Congress of the European Society of Endodontology, 6-8 September 2007, İstanbul. (Poster presentation)
 8. Eyüpoğlu TF, Ceyhanlı KT, Türkün M, Erdilek N. Microleakage Evaluation of Different Irrigation Solution-Root Canal Sealer Combinations by Means of Fluid Filtration Test. IADR 2007, Vancouver, Canada. (Poster presentation)
 9. Kümbüloğlu Ö, Lassila VJ, Turkun M, User A, Vallittu PK, "Effect of various disinfection methods on bonding strength of glass-fibre post to root canal dentin", 85th General Session & Exhibition of the CED, September 26-29, Thessaloniki, Greece, 2007. (Poster presentation)
 10. Eyüpoğlu TF, Türkün M, Erdilek N. Microleakage Evaluation of Coronal Restorations in Endodontically Involved Teeth (IADR 2008), London. (Poster presentation)
 11. Atalayın C, Tezel H, Ertürk O, Karasulu E. Evaluation of calcium loss from enamel treated with bleaching agents. 44th Meeting of the IADR-.CED September 9-12.2009, Munich, Germany (Poster presentation)
 12. Tezel H, Atalayın C. Replantation after traumatic avulsion: A case report. 16th World Congress of Dental Traumatology. June 11-13 2010, Verona-Italy (Poster presentation)
 13. Atalayın C, Dagcı T, Oktem G, Tezel H. A substantial mesenchymal stem cell source: Dental pulp. th CONSEURO 13-15 October 2011 Istanbul, Turkey. (Poster presentation)

14. Kal BI, Dundar N, Evcin Ö, Tezel H. An Unusual of Acute Allergic Reaction to Mercury in An Amalgam Restoration. 12th Congress of the Bass. 12-14 April 2007 Istanbul- Turkey (Poster presentation)
15. Türkün LŞ (Key lecturer), 5th Bursa Academy of Esthetic Dentistry (EDAD) Dental Seminar, 23 February 2008 Bursa/Turkey
16. Türkün LŞ (Key lecturer and hands-on course), Syrian Dental Association joint Congress, 8-10 October 2008, Damascus /Syria.
17. Türkün LŞ (Key lecturer), Academy of Esthetic Dentistry (EDAD) winter seminars, 14 December 2009, Istanbul/Turkey.
18. Türkün LŞ (Key lecturer), 19th Uludağ Symposium, 15-16 January 2010, Bursa/Turkey.
19. Türkün LŞ (Key lecturer), Çukurova University School of Dentistry Update Seminars, 25 December 2010, Adana/Turkey.
20. Türkün LŞ (Key lecturer), Eskişehir Chamber of Dentists, 22-23 October 2010, Eskişehir/Turkey
21. Türkün LŞ (Key lecturer), VIII th International Quintessence Symposium, 1-2 April 2011, Istanbul/Turkey
22. Türkün LŞ (Key lecturer), Mersin Chamber of Dentists, 16 April 2011, Mersin/Turkey
23. Türkün LŞ (Key lecturer), Ankara Chamber of Dentists, 21 April 2011, Ankara/Turkey
24. Türkün LŞ (Key lecturer), Academy of Esthetic Dentistry (EDAD) New approaches in dental health symposium, 2 December 2011, Istanbul/Turkey
25. Türkün LŞ (Key lecturer), Academy of Esthetic Dentistry (EDAD) 4th Konya Symposium, 10 December 2011, Konya/Turkey (Key lecturer).
26. Kanik Ö, Türkün LS. Two Year Clinical Evaluation Of Different Resin Composite Veneer Materials 88th General Session and Exhibition of the IADR. July 14-17, Barcelona, Spain ,2010 (Poster presentation)
27. Türkün LS, Kanik Ö. Clinical Evaluation of New Glass Ionomer-Coating Combined Systems For 18-months. 88th General Session and Exhibition of the IADR. July 14-17, Barcelona, Spain, 2010 (Poster presentation)
28. Kümbüloğlu Ö, Bıçakcı T, Cal E, Türkün M, Türkün LS. Do bleaching materials affect the color of restorative materials? 89th General Session and Exhibition of the IADR/AADR/CADR. March 16-19, San Diego, USA, 2011. (Poster presentation)

29. Alagha EYR, Özata F, Türkün LS . Clinical Performance of a Silorane Based and a Submicron Filled Resin Composite at One Year 5th ConsEuro Meeting on Prevention, Restoration and Aesthetics, 13-15 October, Istanbul, Turkey, 2011 (Poster presentation)
30. Kanık Ö, Türkün LS Clinical Evaluation of New Glass Ionomer-Coating Combined Systems For 24-Months 5th ConsEuro Meeting on Prevention, Restoration and Aesthetics, 13-15 October, Istanbul, Turkey, 2011 (Poster presentation)
31. Türkün LS, Kanık Ö .Clinical Evaluation of New Glass Ionomer-Coating Combined Systems For 18-months 88th General Session and Exhibition of the IADR. July 14-17, Barcelona, Spain, 2010 (Oral presentation)
32. Kaya AD, Türkün M, Arıcı M, Reversal of compromised bonding in bleached enamel using antioxidant gel. Annual meeting IADR-CED, Thessaloniki, Greece, 2007. (Poster presentation)
33. Kaya AD, Tezel H, Yaşa E, Söğüt Ö, Olacak I, Effect of radiotherapy on calcium loss on enamel surface. 5th CONSEURO, Istanbul, Turkey, 2011. (Poster presentation)
34. Peşkersoy C, Kaya AD, Peker Ş, Ünalp Aycan, Gökay N, Migraine & Oral Health: Is There a Relationship? 5th CONSEURO, Istanbul, Turkey, 2011. (Poster presentation)
35. Yıldırım G, Kaya AD, Ateş M, Comparing some characteristics of saliva in smoking and nonsmoking young people. 5th CONSEURO, Istanbul, Turkey, 2011 (Poster presentation)
36. Bölükbaşı İA, Pamir T, Önal B, Fracture Strengths of Composite Laminate Veneers Fabricated by Different Preparation Techniques. 5th CONSEURO İstanbul Turkey 2011 (Poster Presentation).
37. Türkün LŞ, Ergücü Z, Ünlü N, Kanık Ö, Özer F. Microtensile Bond Strength of Various Current Adhesive Systems to Dentin. 86th General Session of the IADR and 32nd Annual Meeting of the CADR, 2-5 July, Toronto CA, 2008. (Oral presentation)
38. Ergücü Z, Celik EU, Türkün LŞ, Ercan UK. Tensile Bond Strength of Aged Composites Repaired With Different Protocols. 87th General Session of the IADR, 1-4 April, Miami USA, 2009 (Oral presentation)

39. Ergücü Z, Pamir T, Ercan E, Önal B. Microleakage of Gum-Colored Resin Composites in Class V Cavities. 5th CONSEURO İstanbul, Turkey 2011 (Poster Presentation).
40. Ünlü N, Üre Z, Ergücü Z, Türkün LS. Microtensile Dentin Bond Strengths After Four Years of Water Storage. 5th CONSEURO İstanbul, Turkey 2011 (Poster Presentation).
41. Pamir T, Sen BH, Evcin O, Factors Effecting Bond Strength Between Resin Composite and Glass-ionomers. PEF IADR London, UK 2008 (Poster Presentation).
42. Eden E, Pamir T, Ahmed SS, Shear Bond Strengths of Restorations Applied to Enamel-Dentin Fractures: an in vitro Study. 4th CONSEURO Seville, Spain 2009 (Poster Presentation).
43. Çubukçu ÇE, Eden E, Pamir T, Microleakage Study of Self-etch Adhesive Systems with Different Solvent Content. PedodontİST 2011 İstanbul, Türkiye 2011 (Poster Presentation).
44. Yaşa E, Pamir T, Ulubay Ş, Kaya AD, Effects of Different pH on Microhardness and Fluoride Release of Restorative Materials. 5th CONSEURO İstanbul, Turkey 2011 (Poster Presentation).

2) DEPARTMENT OF ENDODONTOLOGY:**SCI Publications (*within last 5 years*)**

1. Özer SY, Aktener BO. Outcome of root canal treatment using Soft-Core and cold lateral compaction filling techniques; a randomized clinical trial. J Contemp Dent Pract, Volume:10, Pages: 74-81, 2009
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78. Ayilavarapu S, Kantarcı A, Fredman G, Türkoğlu O, Omori K, Liu H, Iwata T, Yagi M, Hastürk H, and Van Dyke T. Diabetes-induced oxidative stress is mediated by Ca²⁺-independent phospholipase A2 in neutrophils. *J Immunol*, 184, 1507-1515 (2010).

International Oral and Poster Presentations

1. Gürkan A, Emingil G, Saygan BH, Atilla G, Çınarcık S, Köse T, Berdeli A. "Matrix metalloproteinase-2, -9 and -12 gene polymorphisms in generalized aggressive periodontitis" *Annual Meeting IADR-Continental European and Israeli Divisions 2007, Thessaloniki, Greece.* (Poster).

2. Gürkan A, Emingil G, Saygan BH, Baylas H, Atilla G, Köse T, Berdeli A. "Renin-angiotensin gene polymorphisms in chronic periodontitis" *Annual Meeting IADR-Continental European and Israeli Divisions 2007, Thessaloniki, Greece.* (Poster).

3. Gürkan A, Emingil G, Saygan BH, Baylas H, Atilla G, Köse T, Berdeli A. "Renin-angiotensin gene polymorphisms in generalized aggressive periodontitis" *Annual Meeting IADR-Continental European and Israeli Divisions 2007, Thessaloniki, Greece.* (Poster).

4. Arıkan F, Franko M, Gürkan A. "Resin bonding and replantation of an upper central incisor with a complete midline fracture" *13th Biennial Congress of the European Society of Endodontology 2007, İstanbul-Turkey.* (Poster).

5. Gürkan A, Türkoğlu O, Emingil G, Afacan B, Töz H, Atilla G. "Elevated GCF cathelicidin LL-37 levels in CsA-induced gingival overgrowth" *Europeo 6, 2009, Stockholm, Sweden.* (Poster).

6. Gürkan A, Emingil G, Afacan B, Atilla G, Töz H, Berdeli A. "The $\alpha 2$ integrin +807 C/T polymorphism in cyclosporine-induced gingival overgrowth" Europerio 6, 2009, Stockholm, Sweeden. (Poster).
7. Gürkan A, Afacan B, Öktem G, Selvi N, Emingil G, İlgenli T, Töz H, Atilla G. "Expression of endothelial and inducible forms of nitric oxide synthase in CsA-induced gingival overgrowth" Europerio 6, 2009, Stockholm, Sweeden. (Poster).
8. Türkoğlu O, Gürkan A, Afacan B, Atilla G, Töz H, Emingil G. "GCF adrenomedullin and human neutrophil peptide levels in the pathogenesis of CsA-induced gingival overgrowth" Europerio 6, 2009, Stockholm, Sweeden. (Poster).
9. Becerik S, Özsan N, Gürkan A, Öztürk V.Ö, Atilla G, Emingil G. "Immunohistochemical analysis of TLR4 and mCD14 in patients under immunosuppressive therapy and in patients with different periodontal diseases" Europerio 6, 2009, Stockholm, Sweeden. (Poster).
10. Özçaka Ö, Bıçakçı N, Berdeli A, Köse T. Are the MCP-1-2518 G and RANTES-403 A Alleles a Risk Factor for Periodontitis? Europerio 5, June 29-July 1, Madrid, Spain, 2006, (Oral).
11. Taşdemir-Özçaka Ö, Bıçakçı N, Berdeli A, Köse T. MBL Gene Polymorphism in Chronic Periodontitis in Turkish Population. 85th General Session & Exhibition of International Association of Dental Research (IADR), March 21-24, New Orleans, USA, 2007, (Poster).
12. Taşdemir-Özçaka Ö, Bıçakçı N, Berdeli A, Köse T. Influence of MBL Genotypes and Serum Levels to Non-Surgical Therapy. Annual Meeting of the Continental European Division (CED) Scandinavian Division (NOF) and Israeli Division (ID) of International Association of Dental Research (IADR), September 26-29, Thessaloniki, Greece, 2007, (Poster).
13. Taşdemir-Özçaka Ö, Buduneli N, Bıçakçı N, Pussinen P, Sorsa T. Smoking and Serum MMP-8, TIMP-1 Concentrations in Chronic Periodontitis. Pan European Federation (PEF) of International Association of Dental Research (IADR), September 10-12, London, UK, 2008, (Oral).
14. Özçaka Ö, Taşbakan S, Buduneli N, Kaçmaz-Başıoğlu Ö, Bacakoğlu F, Kinane DF. 0.2% Chlorhexidine Reduces Ventilator-Associated Pneumonia in Respiratory ICU Patients. Europerio 6, June 4-6, Stocholm, Sweden, 2009, (Poster).

15. Özçaka Ö, Özkaya-Cengiz D, Karapınar D, Balkan C, Emingil G. Evaluation of an Oral Preventive Protocol in Children with Acute Lymphoblastic Leucemia:Case Series. Europerio 6, June 4-6, Stocholm, Sweden, 2009, (Poster).
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17. Becerik S, Özçaka Ö, Nalbantsoy A, Emingil G, Atilla G. Effects of menstrual Cycle on Periodontal Health and Gingival Crevicular Fluid Markers. Europerio 6, June 4-6, Stocholm, Sweden, 2009, (Poster).
18. Özçaka Ö, Nalbantsoy A, Köse T, Buduneli N. Plasma Osteoprotegerin Levels are Decreased in Smoker Chronic Periodontitis Patients. 5th International Bioengineering Congress, June 16-19, Izmir, Turkey, 2010, (Poster).
19. Özçaka Ö, Nalbantsoy A, Bıçakçı N, Köse T, Buduneli N. Osteocalcin Levels are Decreased in Smoker Chronic Periodontitis Patients. 88th General Session & Exhibition of International Association of Dental Research (IADR), July 14-17, Barcelona, Spain, 2010, (Poster).
20. Özçaka Ö, Kanık Ö, Bıçakçı T, Arıkan F. Two Years Follow-Up of an Autogenous Transplantation of Maxillary Molar. International Symposium of Osteology, April 14-16, Cannes, France, 2011, (Poster).
21. Özçaka Ö, Becerik S, Emingil G, Atilla G, Teughels W, Quirynen M. Do menstrual cycle phases influence the subgingival microbiota? 45th Meeting of the Continental European Division of the International Association of Dental Research (CED-IADR) with Scandinavian Division, August 31-September 3, Budapest, Hungary, 2011 (Oral).
22. Bıçakçı T, Özçaka Ö, Tüzünsoy-Aktaş R, Akcalı A, Nalbantsoy A, Bıçakçı N. Effect of crown restorations to periodontal markers in healthy subjects. 45th Meeting of the Continental European Division of the International Association of Dental Research (CED-IADR) with Scandinavian Division, August 31-September 3, Budapest, Hungary, 2011 (Oral).
23. Çınar S, Sönmez Ş, Şen BH, Gürhan İ, Evrenosoğlu E. Attachment of PDL cells on EMP or dentin collagen-applied roots. Annual Meeting IADR-Continental European and Israeli Divisions, Thessaloniki, Greece, 2007 (Poster).

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25. Becerik S, Özsan N, Gürkan A, Öztürk VÖ, Atilla G, Emingil G. Immunohistochemical analysis of TLR4 and mCD14 in patients with different periodontal disease and under immunosuppressive therapy. Europerio 6, Stockholm, Sweden, 2009 (Poster).
26. Türkoğlu O, Becerik S, Emingil G, Atilla G. The effects of adjunctive chlorhexidine mouthrinse on clinical parameters and GCF cytokine levels in untreated plaque-associated gingivitis. Europerio 6, Stockholm, Sweden, 2009 (Poster).
27. Becerik S, Özcaka Ö, Nalbantsoy A, Atilla G, Emingil G. Effects of menstrual cycle on periodontal health and gingival crevicular fluid markers. Europerio 6, Stockholm-SWEDEN, 2009 (Poster).
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29. Bassim CW, Muralidharan R, Becerik S, Çogulu D, Emingil G, Sulima PP, Hart TC. Lactoferrin gene polymorphisms and aggressive periodontitis in a Turkish Population. AADR Annual Meeting, Washington DC, USA, 2010 (Poster).
30. Hart TC, Becerik S, Hart PS, Emingil G. Differential Gene Expression in Cyclosporine Associated Gingival Overgrowth. 89. General Session & Exhibition of the IADR, San Diego, USA, 2011 (Poster).
31. Nagihan BOSTANCI, Tunç İLGENLİ, Gülnur EMİNGİL, Beral AFACAN, Buket HAN, Gül ATİLLA, Francis HUGHES, George BALIBASAKIS. Gingival crevicular fluid RANKL and OPG levels in periodontal diseases. BDSR and NOF/IADR, Durham- England, 2007.
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36. Gülnur EMİNGİL. MMPs and Low Dose Doxycycline IADR, Barcelona-SPAIN, 2010.
37. Oya TÜRKOĞLU, Gülşen KANDİLOĞLU, Afig BERDELİ, Gülnur EMİNGİL, Gül ATİLLA, Antimicrobial Peptide LL-37 Protein and mRNA Expressions in Periodontal Diseases. IADR, Barcelona-SPAIN, 2010.
38. Oya TÜRKOĞLU, Gülnur EMİNGİL, Necil KÜTÜKÇÜLER, Gül ATİLLA. Gingival Crevicular Fluid LL-37 Levels in Patients with Aggressive Periodontitis. IADR, Barcelona-SPAIN, 2010.
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40. Gümüş P, Buduneli E. Immobilisation of free gingival graft by n-butyl cyanoacrylate: 12-months results of 5 cases. Europerio 6 – Conference in Stockholm (Poster).
41. Gümüş P, Eren G, Buduneli E. Traumatic orthodontic Treatment: A case Report 12 – 14 June 2010 IADT 16. Meeting (Poster)
42. Levent Kardeşler, Nurcan Buduneli, Başak Bıyıkoğlu, Şevki Çetinkalp, Marjut Pitkala, Timo Sorsa. GCF levels of MMP-8, MMP-13, TIMP-1 in diabetes mellitus patients. 4th Scientific Meeting of the Pan European Federation (PEF) of the IADR, 10-12 September 2008, London, UK.

43. Levent Kardeşler, Nurcan Buduneli, Şevki. Çetinkalp, Denis F. Kinane. Clinical and biochemical evaluation of initial periodontal treatment in type 2 diabetic periodontitis patients. Europerio 6, 4-6 June 2009, Stockholm, Sweden.

44. Eralp Buduneli, Nurcan Buduneli, Necil Kütükçüler. Initial periodontal treatment and crevicular fluid interleukin-17, RANKL, osteoprotegerin levels. Europerio 6, 4-6 June 2009, Stockholm, Sweden.

45. Nurcan Buduneli, Eralp Buduneli, Emel Öykü Çetin, Levent Kırılmaz, Necil Kütükçüler. Gingival crevicular fluid PGE2 and IL-1 β levels following initial periodontal treatment and adjunctive use of meloxicam. Europerio 6, 4-6 June 2009, Stockholm, Sweden

46. Başak Kaval, Nurcan Buduneli, Taha Ünal. Management of giant cell fibroma in the anterior mandible: A case report. Europerio 6, 4-6 June 2009, Stockholm, Sweden.

47. Türkoğlu O, Barış N, Kütükçüler N, Şenarslan Ö, Güneri S, Atilla G. Serum anti-CL and ox-LDL levels in hypertensives with chronic periodontitis. Annual Meeting IADR-Continental European and Israeli Divisions, Thessaloniki, Greece, 2007 (Oral).

48. Türkoğlu O, Kantarcı A, Ayilavarapu S, Iwata T, Ekstein J, Hastürk H, Van Dyke T. "Cytosolic phospholipase A2 expression in neutrophils in diabetes", 87th General Session & Exhibition of the IADR, Miami, USA, 2009 (Oral).

49. Ekstein J, Kantarcı A, Ayilavarapu S, Türkoğlu O, Iwata T, Hastürk H, Van Dyke T. "Hyperglycemia induces elevation in iPLA2 in macrophages", 87th General Session & Exhibition of the IADR, Miami, USA, 2009 (Oral).

50. Ayilavarapu S, Kantarcı A, Fredman G, Omori K, Liu H, Türkoğlu O, Hastürk H, Van Dyke T. "Chronic periodontitis and severe hyperglycemia increase iPLA2 expression in neutrophils", 87th General Session & Exhibition of the IADR, Miami, USA, 2009 (Oral).

51. Türkoğlu O, Gürkan A, Afacan B, Atilla G, Töz H. "GCF Adrenomedullin and human neutrophil peptide levels in the pathogenesis of CsA-induced gingival overgrowth", Europerio 6, Stockholm, Sweden, 2009 (Poster).

52. Ekstein J, Kantarcı A, Ayilavarapu S, Türkoğlu O, Iwata T, Hastürk H, Van Dyke T. "Hyperglycemia induces elevation of iPLA2 in

macrophages”, Gordon Research Conferences, New Hampshire, USA, 2009 (Poster).

53. Ekstein J, Kantarcı A, Hastürk H, Ayilavarapu S, Türkoğlu O, Iwata T, Van Dyke T. “Macrophage iPLA2 levels in diabetes with or without periodontal disease”, AADR Annual Meeting, Washington, DC, USA, 2010 (Oral).

International Grants and Stipends

1. CED Travel Stipend. Matrix metalloproteinase-2, -9 and -12 gene polymorphisms in generalized aggressive periodontitis, Joint Meeting of the Continental European and Israeli Divisions of IADR, Thessaloniki, 2007.

2. IADR, CED Visiting Scholar Stipend. Do Menstrual Cycle Periods Influence the Subgingival Microbiota? Özçaka Ö, Becerik S, Emingil G, Atilla G, Teughels W, Quirynen M. 2009.

3. Özgün Özçaka, Sema Becerik, Gülnur Emingil, Gül Atilla, Wim Teughels, Marc Quirynen. Do Menstrual Cycle Periods Influence the Subgingival Microbiota? The IADR. CED Visiting Scholar Stipend (Visiting researcher grant) 2009.

4. Özgün Özçaka, Sema Becerik, Gülnur Emingil, Gül Atilla, Wim Teughels, Marc Quirynen. Do menstrual cycle phases influence the subgingival microbiota? 45th Meeting of the Continental European Division of the International Association of Dental Research (CED-IADR) with Scandinavian Division, August 31-September 3, 2011, Budapest, Hungary. (CED-IADR Travel Stipend 2011).

5. The role of L-platin levels in different periodontal diseases. “The IADR. CED Visiting Scholar Stipend”, 2011.

4) DEPARTMENT OF ORAL AND MAXILLOFACIAL RADIOLOGY

SCI Publications (*within last 5 years*)

1. Alpöz E, Soğur E, Baksı BG. Perceptibility curve test for digital radiographs before and after application of various image processing algoritms. Dentomaxillofacial Radiol 2007; 36: 490–94.
2. Soğur E, Baksı BG, Gröndahl HG. Subjective image quality of root canal fillings: A comparison between limited cone-beam CT, storage phosphor and film radiography. Int Endod J 2007; 40(3):179–85.
3. Baksı BG, Soğur E, Gröndahl HG. LCD and CRT display of storage phosphor plate and limited cone beam computed tomography images for the evaluation of root canal fillings. Clin Oral Invest. 2009; 13: 37–42.
4. Soğur E, Baksı BG, Gröndahl HG, Lomçalı G, Şen BH. Detectability of chemically induced periapical lesions by limited cone beam computed tomography, intraoral digital and conventional film radiography. Dentomaxillofac radiol 2009; 38: 458–464.
5. Baksı BG, Alpöz E, Soğur E, Mert A. Perception of anatomical structures in digitally filtered and conventional panoramic radiographs: a clinical evaluation. Dentomaxillofac radiol 2010; 39: 424-30.
6. Soğur E, Baksı BG, Orhan K, Paksoy SC, Doğan S, Erdal YS, Mert A. Effect of tube potential and image receptor on the detection of natural proximal caries in primary teeth. Clin Oral Investig. 2011; 15: 901-7.
7. Soğur E, Soğur HD, Baksı Akdeniz BG, Şen BH. Idiopathic root resorption of the entire permanent dentition: systematic review and report of a case. Dent Traumatol. 2008; 24: 490-5.
8. Betül İlhan Kal, Güniz Akdeniz, Nesrin Dünder, B. Hakan Şen. Effect Of Various Digital Processing Algorithms On The Measurement Accuracy Of Endodontic File Length. Oral Surgery Oral Medicine Oral Pathology Oral Radiology and Endodontics 2007; 103: 280-284.
9. Nesrin Dünder, Betül İlhan Kal. Oral Mucosal Conditions Among Elderly in a Turkish School of Dentistry. Gerontology 2007; 53: 165–172
10. Tunç İlgenli, Nesrin Dünder, Betül İlhan Kal. Demineralized-Freeze-Dried-Bone-Allograft and Platelet-Rich-Plasma *versus* Platelet- Rich-Plasma

- alone: Clinical and Radiographic evaluation. *Clinical Oral Investigations* 2007; 11: 51–59.
11. Nesrin Dünder, Tunc İlgenli, Betül İlhan Kal, Hayal Boyacıoğlu. The frequency of periodontal infrabony defects on panoramic radiographs of an adult population seeking dental care. *Community Dental Health* 2008; 25: 226-230.
 12. Betül İlhan Kal, Özgür Evcin, Nesrin Dünder, Hüseyin Tezel, İdil Ünal. An unusual case of immediate hypersensitivity reaction associated with an amalgam restoration. *British Dental Journal* 2008; 205: 547-550.
 13. İlgin Akçay, Betül İlhan, Nesrin Dünder. Comparison of conventional and digital radiography systems with regard to radiopacity of root canal filling materials
International Endodontic Journal
 14. Akdeniz BG, Lomçalı G. Densitometric evaluation of four radiographic processing solutions. *Dentomaxillofac Radiol* 27:102–106, 1998.
 15. Gürdal P, Akdeniz BG. Comparison of two methods for radiometric evaluation of resin-based restorative materials. *Dentomaxillofac Radiol* 27:236–239, 1998.
 16. Akdeniz BG, Okşan T, Kovanlıkaya İ, Genç İ. Evaluation of bone height and bone density by computed tomography and panoramic radiography for implant recipient sites. *J Oral Implant* 26:23–28, 2000.
 17. Gürdal P, Hildebolt CF, Akdeniz BG. The effects of different image file formats and image-analysis software programs on dental radiometric digital evaluations. *Dentomaxillofac Radiol* 30:50–55, 2000.
 18. Şen BH, Akdeniz BG, Denizci AA. The effect of ethylenediamine-tetraacetic acid on *Candida albicans*. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 90:651-655, 2000.
 19. Akdeniz BG, Seçkin T. Periodontal and alveolar bone abnormalities associated with pachydermoperiostosis. *Periodontal Clin Invest* 23:5-10, 2001.
 20. Koparal E, Akdeniz BG. Quantification of lamina dura and dentin density in children. *ASDC J Dent Child* 68:335-338, 2001.

21. Akdeniz BG, Koparal E, Şen BH, Ateş M, Denizci AA. Prevalence of *Candida albicans* in oral cavities and root canals of children. *ASDC J Dent Child* 69:289-292, 2002.
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23. Ermiş RB, Koray F, Akdeniz BG. Dental caries and fluorosis in low-and high fluoride areas in Turkey. *Quintessence Int* 34:354–360, 2003.
24. Güneri P, Akdeniz BG. Fraudulent management of digital endodontic images. *Int Endod J* 37:214-220, 2004.
25. Akdeniz BG, Soğur E. An *ex vivo* comparison of conventional and digital radiography for perceived image quality of root fillings. *Int Endod J* 38:397-401, 2005.
26. Akdeniz BG, Gröndahl HG, Köse T. Effect of delayed scanning of storage phosphor plates. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 99:603-607, 2005.
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31. Baksı (Akdeniz) BG, Eyüboğlu TF, Şen BH, Erdilek N. The effect of three different sealers on the radiopacity of root fillings in simulated canals. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 103: 138-141, 2007.
32. Sogur E, Baksı BG, Gröndahl HG. Imaging of root canal fillings: a comparison of subjective image quality between limited cone-beam CT, storage phosphor and film radiography. *Int Endod J* 40: 179-85, 2007.

33. Kal BI, Baksı BG, Dundar N, Sen BH. Effect of various digital processing algorithms on the measurement accuracy of endodontic file length. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 103: 280-4, 2007.
34. Baksı BG, Ermiş RB. Comparison of conventional and digital radiography for radiometric differentiation of dental cements. *Quintessence Int* 38: e532-6, 2007.
35. Ocek Z, Sahin H, Baksı G, Apaydin S. Development of a rational antibiotic usage course for dentists. *Eur J Dent Educ*. 2008 Feb;12(1):41-7.
36. Baksı BG. Measurement accuracy and perceived quality of imaging systems for the evaluation of periodontal structures. *Odontology*. 2008 Jul;96(1):55-60.
37. Sogur E, Baksı BG, Gröndahl HG, Lomcali G, Sen BH. Detectability of chemically induced periapical lesions by limited cone beam computed tomography, intra-oral digital and conventional film radiography. *Dentomaxillofac Radiol*. 2009 Oct;38(7):458-64.
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50. DüNDAR N, Güneri P, Onem E, Boyacıoğlu H. Construction of a copper stepwedge with aluminum equivalent mean gray values. *J Appl Oral Sci* 2010 Jul-Aug;18(4):390-6.
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53. Onem E, Baksı BG, Soğur E. Changes in the fractal dimension, Feret's diameter and lacunarity of mandibular alveolar bone during initial stability of dental implants. *Int J Oral Maxillofac Implants*.

5) DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

SCI Publications, (*within last 5 years*)

1. Günbay T, Koyuncu BO, Sipahi A, Bulut H, Dundar M.
Multidisciplinary approach to a nonsyndromic oligodontia patient using advanced surgical techniques.
Int J Periodontics Restorative Dent. 2011 Jun; 31(3):297-305.
2. Günbay T, Koyuncu BO, Akay MC, Sipahi A, Tekin U.
Results and complications of alveolar distraction osteogenesis to enhance vertical bone height.
Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2008 May;105(5):e7-13.
3. Koca H, Seckin T, Sipahi A, Kazanc A.
Epidermoid cyst in the floor of the mouth: report of a case.
Quintessence Int. 2007 Jun;38(6):473-7.
4. Efeoglu C, Fisher SE, Ertürk S, Oztop F, Günbay S, Sipahi A.
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5. Cagiran E, Eyigor C, Sipahi A, Koca H, Balcioglu T, Uyar M.
Comparison of oral midazolam and midazolam-ketamine as sedative agents in paediatric dentistry European Journal Of Paediatric Dentistry March 2010 Vol 11 pg.19-22.
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Effect of Abutment and Implant Shapes on Stresses In Dental Applications Using FEM. Math Comput Appl. 2011; 16(2), 546-555.
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11. Efeoglu C, Fisher SE, Ertürk S, Öztop F, Günbay S, Sipahi A.
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12. Efeoglu N, Wood D, Efeoglu C.
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13. Efeoglu C, Burke JL, Parsons AJ, Aitchison GA, Scotchford C, Rudd C, VikramA, Fisher SE.
Analysis of Calvarial Bone Defects in Rats Using Microcomputed tomography: Potential for a Novel Composite Material and a New Quantitative Measurement. Br J Oral Maxillofac Surg. 2009; 47(8):616-621.
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Repair of Calvarial Defects In Rats By Prefabricated, Degradable, Long Fibre Composite Implants. Journal Of Biomedical Materials Research. Part A 2011; 96(1):230-238.
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16. Günbay T, Akay MC, Günbay S, Aras A, Koyuncu BO, Sezer B.
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27. Gunbay T, Akay MC, Aras A, Gomel M. Effects of transmandibular symphyseal distraction on teeth, bone, and temporomandibular joint. *J Oral Maxillofac Surg.* 2009; 67(10):2254-65.
28. Aras A, Akay MC, Cukurova I, Günbay T, Işıksal E, Aras I.
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Is the Midline Buccal Incision Important for the Outcome of Surgically Assisted Rapid Maxillary Expansion? In reply. J Oral Maxillofac Surg. 2010; 68(11): 2924.

Honored Prizes:

1. DüNDAR N, Soğur E, Akay MC, Günbay S.

Complex Odontoma: Histopathologic and CT Findings.

4th. Aegean Region Chambers of Dentist International Scientific Congress and Exhibition, Aydın, 2005 (1.Prize)

2. Akay MC, Sezer B, Özveri Koyuncu B, Çal E, Günbay T

Intrusion of Overerupted Molars by Subapical Corticotomy and Bone Anchors: A Case Report. 15th International Congress of Turkish Association of Oral and Maxillofacial Surgeons, 120, Antalya, Turkey, 2008 (1.Prize)

3. Çukurova İ, Aras A, Günbay T, Işıklar E, Özkul D, Akay MC.

Evaluating The Effect of Transpalatal Distraction on Nasal Volume via Acoustic Rhinometry and Computed Tomography”, Congress of ERS and ISIAN, 119, Crete, Greece, 2008. (1.Prize)

4. Sezer B, Günbay T, Koyuncu BÖ, Akay MC, Sezak M.

Distraction osteogenesis for the mandible. Clinical and histomorphological evaluation. V. ITI Turkish congress, Istanbul, 2011. (1.Prize)

5. Günbay T, Sezer B, Güngör MA, Koyuncu B, Çömlekoğlu E, Artunç C.

Survival and success of BioHorizons® implants: A retrospective study of cases with 5-year follow-up. International Symposium Series Case Abstract Competition, 2010 Antalya, Turkey(1. Prize)

6) DEPARTMENT OF PROSTHODONTICS

SCI Publications (*within last 5 years*)

1. DüNDAR M, Özcan M, Çömlekoğlu E, Güngör MA.

Survival of resin-bonded fixed-partial-dentures: Effect of cement and surface conditioning. CED Travel Stipend Award

- 'International Association for Dental Research', Pan European Federation of the IADR, September 10-12, London, UK, 2008.*
2. Dündar M, Çömlekoğlu E, Özcan M, Şen BH.
Inhibition and reversal of dentin biodegradation and nanoleakage by application of protective chemical agents. Project award. *'EFCD 2008 (European Federation of Conservative Dentistry)'*.
 3. Gökçe B, Özpınar B, Dündar M, Çömlekoğlu E, Sen BH, Güngör MA.
Effect of Er:YAG laser on dental hard tissues and dental materials: SEM study. "Poster 1st award. Aegean Chamber of Dentists 10th International Congress and Exhibition. 28-30 November, İzmir, Türkiye, 2008.
 4. Gökçe B, Özpınar B, Dündar M, Çömlekoğlu E, Sen BH, Güngör MA.
Bond Strengths of All Ceramics: Acid vs Laser Etching. *'Academy of Laser Dentistry, 2009 Dr. Eugene Seidner Student Scholarship'*.
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 6. Çömlekoğlu E, Dündar M, Özcan M, Şen BH.
Effect of new protective chemical agents on microtensile bond strength of luting resins to dentin. *Oral presentation 1st award ConsEuro 2009, March 11-14, Sevilla, Spain, 2009.*
 7. Gökçe B, Özpınar B, Dündar M, Çömlekoğlu E, Sen BH, Güngör MA.
Bond Strengths of All Ceramics: Acid vs Laser Etching.
Oral presentation award
'Academy of Laser Dentistry' 16th Annual Conference and Exhibition, April 22-25, Las Vegas, USA, 2009.
 8. Çömlekoğlu E, Dündar M, Gökçe B, Özcan M, Şen BH.
Biodegradation of the hybrid layer: Evaluation of mechanisms and developing surface treatment strategies for its stabilization.
Project and scholarsip award
'EFCD 2009 (European Federation of Conservative Dentistry)'.
 9. Çömlekoğlu E, Öztürk H, Dündar M, Aladağ A, Sonugelen M.
The effect of crown geometry on stress distribution of a single implant restoration: A finite element analysis. "Poster presentation award
Turkish Society of Oral Implantology XXIst Scientific Congress, January 15-16, Istanbul, Turkey, 2010.

10. Coşkun Akar G, Gökçe B, Çömlekoğlu E, Dünder M, Özcan M, Özpınar B.
Effect of span length on marginal discrepancy of an all-ceramic.
CED Travel Stipend award
88th General Session & Exhibition of the IADR, July 14-17, Barcelona, Spain, 2010.
11. Sağırkaya E, Çömlekoğlu E, Aladağ A, Dünder M, Güngör MA, Artunç C.
Microshear Bond Strength of All-Ceramics with Different Core-Veneer Ratio. CED
Travel Stipend award *88th General Session & Exhibition of the IADR*, July 14-17,
Barcelona, Spain, 2010.
12. Çömlekoğlu E, Çömlekoğlu Dünder M, Şengün E, Günbay T, Yılmaz G, Artunç C.
Prevention of marginal bone loss and preservation of the biological width around
platform-switched, non-detached modified zirconia abutments by: A randomized
clinical controlled split-mouth study on 20 patients. Project and scholarship
award Camlog Foundation 2011, CF41104.
13. Kanat B, Çömlekoğlu E, Çömlekoğlu Dünder M, Çulha O, Güngör MA. FEA
evaluation of repair bond strengths of press-on metals Poster presentation award
*16th Aegean Chamber of Dentists International Scientific Congress and
exhibition*, 21 – 23 October, İzmir, Türkiye, 2011, (Poster)

Articles in peer-reviewed international journals

1. Dünder M, Özcan M, Gökçe B, Çömlekoğlu E, Leite F, Valandro LF.
Comparison of two bond strength testing methodologies for bilayered all-
ceramics.
Dent Mater, 23, 630-636 (2007).
2. Akar GC, Dünder M.
Treatment of localized anterior tooth wear with a glass-fiber-reinforced composite
resin: a clinical report.
J Prosthet Dent, 97, 133-136 (2007).
3. Gökçe B, Özpınar B, Dünder M, Çömlekoğlu E, Sen BH, Güngör MA.
Bond strengths of all-ceramics: acid vs laser etching.
Oper Dent, 32, 173-178 (2007).
4. Dünder M, Güngör MA, Çal E, Darcan A, Erdem A.
Evaluation of metal bond strength to dentin and enamel using different adhesives
and surface treatments.
Gen Dent, 55, 204-209 (2007).

5. Güngör MA, Artunç C, DüNDAR M.
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Quintessence Int, 38, 456-463 (2007).
6. Çömlekoğlu E, DüNDAR M, Özcan M, Güngör MA, Gökçe B, Artunç C.
Evaluation of bond strength of various margin ceramics to a zirconia ceramic.
Journal of Dentistry, 36, 822-827 (2008).
7. Çömlekoğlu E, DüNDAR M, Özcan M, Güngör MA, Gökçe B, Artunç C.
Influence of cervical finish line type on marginal adaptation of zirconia ceramic crowns. *Operative Dentistry*, 34-5, 586-592 (2009).
8. Çömlekoğlu E, DüNDAR M, Güngör MA, Şen BH, Artunç C.
Preliminary evaluation of titanium tetrafluoride as an alternative ceramic etchant to hydrofluoric acid.
Journal of Adhesive Dentistry, 11-6, 447-453 (2009).
9. Çöttert HS, DüNDAR M, Öztürk B.
The effect of various preparation designs on the survival of porcelain laminate veneers.
J Adhes Dent 2009 Oct;11(5):405-11
10. Çömlekoğlu E, Parlar AY, Gökçe B, DüNDAR M, Kaya E, Günbay T.
Immediate provisional restoration fabrication for immediate implant loading using a modified technique: A clinical report.
General Dentistry, 58-2, 140-143 (2010).
11. DüNDAR M, Özcan M, Çömlekoğlu E, Güngör MA.
A preliminary report on short-term clinical outcomes of three-unit resin-bonded fixed prostheses using two adhesive cements and surface conditioning combinations.
International Journal of Prosthodontics, 23(4), 353-360 (2010).
12. Özveri Koyuncu B, Günbay T, Sipahi A, Bulut H, DüNDAR M.
Multidisciplinary approach to a nonsyndromic oligodontia patient using advanced surgical techniques.
International Journal of Periodontics and Restorative Dentistry, 31(3), 297-305 (2011).
13. Özcan M, Schoonbeek G, Gökçe, Çömlekoğlu E, DüNDAR M.
Bond Strength Comparison of Amalgam Repair Protocols using Resin Composite in Situations with and without Dentin Exposure.
Operative Dentistry, 35-6, 655-662 (2011).
14. Aladağ A, Çömlekoğlu E, DüNDAR M, Güngör MA, Artunç C.
Effects of soldering and laser welding on ceramic-metal bond strength.
Journal of Prosthetic Dentistry, 105, 28-34 (2011).

15. Dündar M, Özcan M, Çömlekoğlu E, Şen BH.
Inhibition of Dentin Biodegradation and Nanoleakage by Protective Chemicals
Journal of Dental Research, 90-1, 93-98 (2011).
16. Özcan M, Koolman C, Aladag A, Dündar M.
Effects of different surface conditioning methods on the bond strength of composite resin to amalgam.
Operative Dentistry, 36(3), 318-325 (2011).
17. Cura C, Isik FG, Dündar M.
An alternative method of fabricating a custom tray for direct implant impressions.
General Dentistry, 59(1), e22-24 (2011).
18. Özcan M, Allahbeickaraghi A, Dündar M.
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Clinical Oral Investigations, DOI 10.1007/s00784-011-0636-6.
19. Gökçe B, Özpınar B, Özgür L, Çömlekoğlu E, Aladağ A, Coşkun Akar G.
Prosthetic rehabilitation of hemimandibular hyperplasia: five-year follow-up.
General Dentistry, 58-2, 89-93 (2010).
20. Çömlekoğlu E, Gökçe B, Demirbaş Kaya A, Türkün M, Özpınar B.
Reversal of reduced bond strength of a luting resin to bleached dentin.
General Dentistry, 58-3, 258-263 (2010).
21. Gökçe B, Çömlekoğlu E, Özpınar B, Türkün M, Demirbaş Kaya A.
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22. Özpınar B, Gökçe B, Uzel G, Çömlekoğlu E. Prosthetic Rehabilitation of Segmental Odontomaxillary Dysplasia: Seven-Year Follow-Up.
Cleft Palate Craniofacial Journal, 46, 103-107 (2009).

International Presentations

1. Güngör MA, Tekin U, Dündar M, Artunç C.
Esthetic rehabilitation evaluation in implants
Astra Tech Dental World Congress, June 4-7, Washington DC, USA, 2008,
(poster)

2. Çömlekoğlu E, Dünder M, Özcan M, Güngör MA, Gökçe B, Artunç C.
Marginal adaptation of zirconia crowns: Cervical finish line type effect.
Pan European Federation of the IADR, September 10-12, London, UK, 2008,
(oral)
3. Dünder M, Özcan M, Çömlekoğlu E, Güngör MA.
Survival of resin-bonded fixed-partial-dentures: Effect of cement and surface conditioning.
Pan European Federation of the IADR, September 10-12, London, UK, 2008
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4. Aladağ A, Çömlekoğlu E, Dünder M, Güngör MA, Artunç C.
Microtensile bond-strength of ceramic to metal: Laser vs. conventional welding.
Pan European Federation of the IADR, September 10-12, London, UK, 2008,
(oral)
5. Çömlekoğlu E, Dünder M, Güngör MA, Artunç C.
Immediate loading of implants in edentulous maxilla: Case series.
EAO (European Association for Osseointegration) Congress, September 14-16,
Warsaw, Poland, 2008, (poster)
6. Aladağ A, Güngör MA, Çömlekoğlu E, Dünder M, Tekin U, Artunç C.
Evaluation of implant - supported single crown esthetics: 2-year follow-up.
EAO (European Association for Osseointegration) Congress, September 14-16,
Warsaw, Poland, 2008, (Poster)
7. Güngör MA, Tekin U, Dünder M, Artunç C.
Esthetic and biological evaluation of implant supported restorations: Case Series.
EAO (European Association for Osseointegration) Congress, September 14-16,
Warsaw, Poland, 2008, (Poster)
8. Çömlekoğlu E, Dünder M, Özcan M, Şen BH.
Effect of new protective chemical agents on microtensile bond strength of luting resins to dentin.
ConsEuro 2009, March 11-14, Sevilla, Spain, 2009, (oral)
9. Özcan M, Gökçe B, Çömlekoğlu E, Dünder M.
Comparison of adhesion strategies for amalgam repair in situations with and without dentin exposure.
ConsEuro 2009, March 11-14, Sevilla, Spain, 2009, (Poster)
10. Gökçe B, Özpınar B, Dünder M, Çömlekoğlu E, Şen BH, Güngör MA.

- Bond Strengths of All Ceramics: Acid vs Laser Etching.
'Academy of Laser Dentistry' 16th Annual Conference and Exhibition, April 22-25, Las Vegas, USA, 2009, (oral)
11. Çömlekoğlu E, DüNDAR M, Kaya E, Günbay T.
Immediate loading of oral implants with advanced surgery: case series.
EAO (European Association for Osseointegration) Congress, September 29-October 3, Monaco, 2009, (Poster)
12. Artunç C, Tekin U, DüNDAR M, Güngör MA.
Esthetic evaluation of implant overdentures: Case Series.
EAO (European Association for Osseointegration) Congress, September 29-October 3, Monaco, 2009, (Poster)
13. Özcan M, DüNDAR M, Çömlekoğlu E, Hammerle C.
Inhibition and reversal of dentin biodegradation and nanoleakage by application of protective chemical agents.
9th Clinical Day of Clinical Research, April 8th, Zurich, Switzerland, 2010, (Poster)
14. Özcan M, DüNDAR M, Çömlekoğlu E.
Inhibition of dentin biodegradation using biologically active compounds and TiF₄.
16th Swiss Congress on Biomaterials, May 5th, Dubendorf, Switzerland, 2010, (Poster)
15. Kaya E, Günbay T, Çömlekoğlu E, DüNDAR M.
Immediate loading of dental implants used for maxillary defect reconstruction: 2-year follow-up.
4th International Oral and Maxillofacial Surgery Congress, 26-30 May, Antalya, Türkiye, 2010 (Poster)
16. Çömlekoğlu E, Önem E, DüNDAR M, Baksı G, Mert A.
Detection of caries under laminate veneers by digital radiography.
88th General Session & Exhibition of the IADR, July 14-17, Barcelona, Spain, 2010, (Poster)
17. Coşkun Akar G, Gökçe B, Çömlekoğlu E, DüNDAR M, Özcan M, Özpınar B.
Effect of span length on marginal discrepancy of an all-ceramic.
88th General Session & Exhibition of the IADR, July 14-17, Barcelona, Spain, 2010, (Poster)
18. Çömlekoğlu E, DüNDAR M, Güngör MA, Şen BH, Artunç C.
Testing of ceramic etchability by an alternative acidic aqueous solution.

- 88th General Session & Exhibition of the IADR*, July 14-17, Barcelona, Spain, 2010, (Poster)
19. Sağırkaya E, Çömlekoğlu E, Aladağ A, Dünder M, Güngör MA, Artunç C.
Microshear Bond Strength of All-Ceramics with Different Core-Veneer Ratio.
88th General Session & Exhibition of the IADR, July 14-17, Barcelona, Spain, 2010, (Poster)
20. Mammadzada S, Artunç C, Şen F, Güngör MA, Tekin U, Yerci B, Çömlekoğlu E.
Implant Design Effect on Stresses Transferred to Alveolar Bone
88th General Session & Exhibition of the IADR, July 14-17, Barcelona, Spain, 2010, (Poster).
21. Günbay T, Sezer B, Güngör MA, Koyuncu B, Çömlekoğlu E, Artunç C.
Survival and Success of Biohorizons® implants : A Retrospective Study of Cases with 5-Year Follow-Up.
Biohorizons International Symposium Series, September 24-25, Antalya, Turkey, 2010, (Poster).
22. Artunç C, Aladağ A, Çömlekoğlu E, Güngör MA, Tekin U.
Immediate Implant Loading in Single-Tooth Replacement: Case Series.
EAO (European Association for Osseointegration)19th Annual Congress, October 6-9, Glasgow, 2010, (Poster).
23. Güngör MA, Çömlekoğlu E, Mammadzada S, Tekin U, Artunç C.
Influence of Implant Design on Stress Distribution.
EAO (European Association for Osseointegration)19th Annual Congress, October 6-9, Glasgow, 2010, (Poster).
24. Günbay S, Çömlekoğlu E, Sezer B, Kaya E.
Immediate Loading of Oral Implants with Advanced Surgery: Case Report.
EAO (European Association for Osseointegration)19th Annual Congress, October 6-9, Glasgow, 2010, (Poster).
25. Aladağ A, Çömlekoğlu E, Çömlekoğlu Dünder M, Güngör MA, Tekin U.
Immediate loading and gingival management using CAD/CAM restorations.
EAO (European Association for Osseointegration) 20th Annual Congress, October 12-15, Athens, 2011, (Poster)

7) DEPARTMENT OF PEDODONTICS**SCI Publications (*within last 5 years*)**

1. Ersin NK, Candan UK, Aykut A, Önçağ Ö, Eronat C, Köse T. A clinical evaluation of resin based composite and glass ionomer cement restorations placed in primary teeth using the ART approach: results at 24 month J Am Dent Assoc 137(11):1529-36; 2006.

2. Ersin NK, Önçağ Ö, Tümgör G, Aydoğdu S, Hilmioğlu S. Oral and dental manifestations of gastroesophageal reflux disease in children: a preliminary study. Pediatric Dentistry May-Jun;28(3):279-84; 2006.

3. Cogulu D, Önçağ Ö, Kütükçüler N, Uzel A, Eronat C. The Correlation between Serum Immunoglobulin A and Immunoglobulin G Levels and the Presence of Treponema denticola in Human Periapical Lesions. J Endod. Dec; 33(12):1413-6; 2007.

4. Ersin NK, Aykut A, Candan U, Önçağ Ö, Eronat C, Köse T. The effect of a chlorhexidine containing cavity disinfectant on the clinical performance of high-viscosity glass-ionomer cement following ART: 24 month results. Am J Dent. Feb; 21(1): 39-43; 2008.

5. Cogulu D, Ataç U, Önçağ Ö, Eronat C. PCR-based identification of selected pathogens associated with endodontic infections in deciduous and permanent teeth. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. Sep;106(3):443-9; 2008.

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ASSOCIATION FOR DENTAL EDUCATION IN EUROPE



ADEE Site Visit

**Ege University, Faculty of Dentistry
Izmir, Turkey**



14 -18 April, 2012

SECTION 17

VISITORS COMMENTS AND EXECUTIVE SUMMARY

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Section 1 Introduction

The Faculty of Dentistry is well established and situated on the Ege University campus, which is a state funded university. There is an intake of 135 students per year; however the number of students within each academic year tends to be higher than this (up to 150) due to some students repeating years and there is no longer a fixed time within which students must complete their studies.

This Faculty is a popular dental school and is able to attract high quality students, due to the entry process which is via a national examination for all university courses. The Faculty is also able to attract academic staff without difficulty.

The Faculty of Dentistry undertakes a number of Erasmus collaborations and aspires to extend these in the future. They also engage in community activities, both dental and non-dental and therefore have an influence on the wider community.

There are plans for a new building within the next year which will enable the Faculty to expand and will hopefully alleviate some of the problems that have been identified in the self-assessment document and during the site visit.

One of the difficulties for the Faculty is being able to balance the demands of a high number of patients with the needs for educating a large number of students.

There are good links between the Dental School and local dental practitioners and the staff provide a number of postgraduate courses for these practitioners. These comprise evening and weekend courses as well as formal postgraduate programmes in implantology and aesthetic dentistry. There appears to be a high demand and need for these activities to meet dentists' CPD requirements.

General aim and mission

The self assessment report indicates several important points as guiding statements or objectives for the school's activities. However, neither general aim nor mission was explicitly indicated. The school could benefit from formal expression of these. In this process a mission statement should place appropriate focus on research as a fundamental element for all activities within the Faculty. This statement should also focus on patient care and education to provide a solid framework for dental training.

Section 2 Facilities

Physical Facilities

The Dental Hospital and School co-exist within the same building on the main university campus, which is a pleasant green and leafy environment. There are well advanced plans for an additional building which should be completed next year and the visiting team were able to see the pictures and plans for this building. The Dean and staff are pleased that this will allow the development of current service provision, in particular general anaesthetics and services for disabled people. There are also plans for a new outreach clinic which will be completed in a few months time and will provide facilities for staff and students to treat patients.

Clinical Facilities

The Dental School has well maintained facilities and a programme for renewing equipment. Many of the clinics that the team saw during their visit had recently been refurbished and were of an excellent standard. The clinics seemed to be very busy and crowded in the mornings. However, probably due to curriculum structure and scheduling they appeared quiet in the afternoons. The team were impressed with the clinical sterilisation facility, the X-ray department, the use of modern materials and techniques and the general anaesthetic provision for treatment of disabled patients.

The imminent provision of a new building will provide an opportunity for the School to expand some of its activities, but it is important that the use of this facility is planned carefully in line with organisational changes.

Teaching and Learning Facilities

The lecture theatres and seminar rooms within the Dental School are appropriate for the needs of the students. There is a small library within the building which has limited facilities. However, the team were informed that the library on the campus is only about 5 minutes away and provides more extensive facilities. Students are therefore able to access a range of electronic journals for their work. The IT support, including PACS, is very good and well organised. Students are able to access lecture materials and course documentation on-line.

The Phantom Head laboratory is very basic and there is a need, which the School recognises, for this to be refurbished and brought up-to-date, so that students are able to learn their clinical skills more effectively.

Research Facilities

The School has research laboratories which are traditionally equipped and appear to provide the facilities for the basic needs of the staff and postgraduate students.

Section 3 Administration and Organisation

National and university regulations guide the school's activities and leave very little room for making its own policy decision in educational and financial issues. The Dental School is led by the Dean, with very strong administrative support. The organisational structure is one of eight Departments which operate fairly independently of each other, for clinical, teaching and research purposes.

The education committee, with representation from all departments, oversees all teaching activity and educational developments within the School.

Financing for the School comes from the Ministry of Health and also from Ege University. Provision of patient care attracts the majority of the School's funding and this constrains the School in its ability to be flexible and innovative in its organisation. Within the School, the allocation of funds to Departments appears to be a competitive process, with approval being given by the Board of Directors and ultimately the University. There is limited funding available to support research activities.

Additional finance from postgraduate courses comes to the School although it remained unclear to the team how this activity is budgeted and possible profit is allocated.

Curriculum

The undergraduate curriculum is delivered via separate disciplines and has a rather rigid structure with very little integration across the programme. In European perspective the semesters are very short, only 15 weeks. There is also a heavy emphasis on lecture-based teaching and students appeared to the team to have a heavy load of contact hours in the theoretical parts of their teaching.

There appears to be very little integration with the dental and medical subjects for the preclinical part of the course. The Medical School is predominantly providing this. Sharing physical facilities and teaching resources of the Medical School is generally beneficial. However, the basic biological and medical subjects taught should be relevant for dentistry. They should also be organized and scheduled in the curriculum to support students learning in dental subjects.

Clinical teaching in separate disciplines takes place throughout years 3, 4 and 5. It starts in the second semester of the third year which is generally considered late start and de-motivating for the students. In years 3 and 4, students have weekly clinical sessions in different departments, whereas in year 5 the clinical teaching takes place in 4 week blocks. The team was surprised that prevention appeared

undervalued in the curriculum. Based on present understanding of the aetiology of major oral diseases it should be pivotal part throughout the programme and every patient treatment.

The staff: student ratios are good, with a combination of professorial staff and PhD students supervising the undergraduate students.

The high load of patients within the Dental School has advantages and disadvantages for student teaching. On one hand, students are able to undertake high numbers of clinical procedures, but in some departments e.g. oral diagnosis, staff are concerned that they are unable to devote enough time to teaching the students in order to ensure all the patients get seen during a treatment session.

Assessments take place mid-term and at the end of the year. There is an emphasis on written examinations for theoretical assessments.

Section 4 Staff

The team were able to meet with groups of staff from each department and also research and curriculum groups. The dental school has a high number of motivated staff, many of whom have undertaken studies abroad. The staff is dedicated and ambitious and the team noted that the age distribution is favourable for the future of the School.

Academic Dentistry is a popular career choice within Turkey and there are a high number of applications for each post that becomes available. This ensures the recruitment of a high calibre of academic staff within the Dental School. It was obvious to the team that the staff are very proud of their School.

However, it appeared to the visitors that the staff undertake numerous duties and have many responsibilities and overall have a heavy workload.

Within the clinical environment, there is a shortage of dental nurses and assistants. This means that students are often working alone, without close support. The present situation is not ideal and leaves students without opportunity to learn four-handed-dentistry.

Section 5 Orthodontics

The orthodontic teaching is delivered via lectures, seminars, clinical observation and focuses on diagnosis and treatment planning. In the final year, students attend clinics and make a simple appliance for a patient. The staff is very student centred and have a positive approach to teaching.

There is a good service for cleft lip and palate patients and undergraduate students have opportunities to observe if they are interested.

The department are able to recruit high quality postgraduate students as there are a high number of applications for each post. Staff within the department expressed concerns about the lack of financial support presently for PhD students, although anticipated that this would change in the future.

The team thought that there were good possibilities for the Orthodontic and Paediatric departments to collaborate together, particularly for research activities and would recommend that these are explored by the two departments.

Section 6 Paediatric Dentistry

The teaching in Paediatric Dentistry encompasses preventive and treatment approaches. Students undertake practical laboratory exercises before moving on to treat patients in years 4 and 5 and theoretical teaching takes place via lectures and seminars.

The high number of patients within the dental hospital enables students to get a good range of experience during their course, including primary and permanent RCT. However the team were concerned to see during their visit, students working without any assistance and with minimal supervision on young children and would recommend that this is addressed in order to ensure safe and high quality treatment provision.

Students are also able to gain experience of community based prevention through the well established programmes that are delivered to primary schools.

The department has developed services for disabled children using RA and GA, which are extremely valuable in providing care for this challenging group. However, there is a long waiting list (over a year) for the GA facilities and staff expressed a desire to extend this service.

There is an opportunity for close work and integration of the paediatric and orthodontic departments, but at present this is minimal.

Section 7 Restorative Dentistry

The Department of Restorative Dentistry has undergone recent reorganisation but makes a strong contribution to the programme. The undergraduate teaching starts early and follows a logical sequence, although there is a heavy emphasis on traditional lecturing. Despite the dedication of the staff, the teaching in this area overlaps with that in Prosthodontics and Paedodontics, leading to unnecessary duplication and some confusion amongst the students. However there is a positive attitude towards integration of both theoretical and clinical teaching and further work on this is recommended by the team.

The lack of a fee for clinical preventive dentistry appears to be a major obstacle to implementing teaching in preventive dentistry, although the staff within the department acknowledges that this is needed.

Section 8 Endodontology

Teaching for students in endodontology begins in the second year of the curriculum which is rather early. Although the content of the teaching is very up-to-date, and the teaching motto 'keep it simple' facilitates students' learning and understanding, there is a heavy reliance on lectures.

However, the team were concerned that the high numbers of patients being treated seemed to be the main driver for teaching rather than the learning needs of the undergraduate students.

Section 9 Periodontology

The Periodontology department utilises a number of different learning methods, although there is a lack of theoretical teaching and training for students in motivational techniques. The team noted that teaching in clinical periodontology could be introduced earlier in the curriculum as it offers an ideal opportunity for students to have early patient contact. This, in turn, would increase students' motivation to study. A further improvement would be the introduction of teaching in motivational techniques which at present is not included in the curriculum.

The staff in the department is receptive to restructuring the curriculum to allow students to better follow-up their patients.

Section 10 Prosthodontics

The prosthodontics teaching starts very early in the curriculum and the students have a heavy teaching load in this subject compared with modern international standards. They also have to undertake too much technical laboratory work. The teaching is delivered by multiple methods, but there are overlaps with other subject areas which are confusing for the students and impacts negatively on their study load.

The multidisciplinary clinic is highly appreciated and students have opportunities and are encouraged to participate in research during their course.

Basic and Medical Sciences

Undergraduate students are taught within the Medical School but have a separate curriculum to the medical students. The visiting team noted that there seemed to be a lack of knowledge amongst clinical dental staff about the content of years 1 and 2 teaching. A suggestion would be to consider more vertical integration of the basic and medical sciences with dental subjects.

Section 11 Oral and Maxillofacial Surgery

The Oral Surgery department has activities in the Dental Hospital. General Anaesthetic sessions are carried out for patients with disabilities.

Maxillofacial surgery is carried out at the Medical School.

Teaching follows a similar model to other departments with 3rd year students observing and 4th and 5th year students undertaking extractions on patients and assisting with operations. Theoretical teaching runs in parallel to the clinical experience and covers a range of topics from simple extractions and surgical principles to mucosal diseases, TMJ, trauma and implants.

Because of the high numbers of patients attending the hospital, students are able to gain good experience in extracting teeth.

Staff expressed a wish for more collaboration with the medical faculty and extended GA facilities.

Section 12 Oral and Maxillofacial Radiology

This was previously the Oral Medicine plus oral diagnosis department. Staff and the visiting team identified the multidisciplinary nature of the department as a great strength.

For the undergraduate students it provides valuable experience in oral diagnosis and treatment planning. As students move between departments for their clinical work, this is one of the only areas where they are able to get a multidisciplinary perspective. Within this department, students have theoretical teaching on radiation physics, radiography and radiology, systemic diseases, oral pathology and oral medicine. They have clinical sessions in 4th and 5th years.

A major concern that was identified by the staff to the visiting team is the high number of patients that are seen each day, which prevents students from having sufficient attention by the staff members.

Section 15 Student affairs

The team met with undergraduate student representatives from all five years and postgraduate (PhD) students during their visit. There is a well organised system of student representatives who are elected by their peers annually. There is also a Faculty representative who is elected every two years, but only attends Faculty Board when invited.

Students spoke about the workload throughout the course and expressed their views that at certain times of the course there are heavy workloads, in particular the first semester of 3rd year which has a high theoretical content and then in 4th year with clinics in the morning and lectures in the afternoon with only a short lunch break (30 mins).

There was positive feedback about the relationship between students and staff. The representatives said that the Dean and Vice-Dean had encouraged more open communication over the past two years and they felt that the student voice is now being heard.

Students expressed their views that there could be more co-ordination between the teachings from different departments and had the perception that there were overlaps and some inconsistencies in the teaching which caused confusion. Reorganizing the learning content would also facilitate students' opportunities for self-studies and free time.

There were also concerns about infection control and the lack of supervision in some instances. Students also expressed their view on clinical testing which was considered very subjective and luck-related.

Postgraduate Students

Entry for postgraduate programmes is competitive and based upon theoretical and practical examinations. The majority of PhD students have completed their undergraduate studies at Ege University.

There is currently a highly motivated group of PhD students, ensuring continuity of academic dentistry in the future. They are given support for their varied duties, but the level of support seems to vary between departments, causing some discontent.

The visitors had some concerns about the high patient workload for the postgraduate students, which reduces their time for research. There is also a need for students to have a clear career pathway in terms of vocational (specialist) and scientific (PhD) training and for financial support to be more consistent.

Section 16 Research and Publications

The self evaluation document presented a comprehensive list of research publications produced by Departments within the School of Dentistry.

It was apparent to the visiting team that the School of Dentistry is able to produce high quality research due to the sufficient number of full time staff and the competitive nature of the recruitment from PhD students to academic staff appointments.

The position of the School on the university campus also allows collaboration with other university research institutions and the use of their facilities.

There is a number of staff who have international research collaborations and this is usually based on personal contacts as many of the staff have obtained qualifications abroad. These contacts have shown to be beneficial for the school at least in number of publishing research findings.

However, it is unclear as to the strategic direction of research within the School. For example, how research subjects are chosen, how much time staff have to spend on research and how co-operation between departments takes place. In some of the departments, not all the qualified staff participate in research.

There are ways in which the solid foundation of research from the School could be enhanced. The team would suggest the development of a School research policy and an additional English language requirement for recruiting postgraduate students.

Section 17 Visitors Comments and Executive Summary

Visitors Comments

The visitors were satisfied with the self-assessment report which contained a great deal of valuable information. The program for the visit was well prepared and where changes were requested, these were made in a positive and constructive and helpful way. The University and the Faculty of Dentistry must be congratulated for the openness in discussions with the team. The Visitation team would like to thank everybody involved with our visit. We have enjoyed the Turkish hospitality and friendly atmosphere. Special thanks are due to the Dean, Professor Dr Celal Artunç. For the planning and carrying out the visit, we warmly acknowledge all the activities of Professor Banu Önal and Assistant to Dean, Mrs Aysegul Pervane

Quality Control

Within the School, there is a system of student feedback questionnaires to review teaching. However, use of this information for enhancing high quality teaching in addition to passing the results to individual teachers, remained unclear to the team.

Strengths, Weaknesses and Recommendations:

Strengths

- The School has a large, well balanced and dedicated team of staff
- Well equipped clinical facilities
- The high numbers of patients provide ample clinical teaching material for students.
- There is an awareness of the need for change in the undergraduate curriculum
- There is good IT support and computerised X-ray facilities
- The Oral and Maxillofacial Radiology Department provides an opportunity for students to undertake diagnosis and treatment planning for patients
- Highly motivated PhD students

Weaknesses

- High numbers of patients which has the potential to compromise student learning
- Departmental structure which is not supportive either to vertical or horizontal integration in teaching and research
- Structure of curriculum with heavy reliance on lectures and scheduling allowing little time for students' self-studies
- Lack of dental assistants and nurses to support students in their clinical work
- Lack of integration of the basic and medical science teaching to support learning in dental subjects
- Undergraduate students are offered only few elective courses and rare opportunities for research projects
- Basic facilities for phantom head work

Recommendations:

- Reorganisation of the undergraduate curriculum, in particular the lecture programme, would help to alleviate the heavy timetable and overlaps between subject areas and allow earlier patient contacts for students
- Introduction of more active learning opportunities for students would prepare them for lifelong learning
- The introduction of more comprehensive patient care throughout the clinical part of the programme would allow students to gain a better understanding of treatment outcomes for their patients
- Introduction of a theme based approach and vertical integration within the curriculum would allow a more preventive approach to patient care
- More collaboration between departments in horizontal integration of the different subject areas would avoid overlaps in the teaching, enhance research opportunities and provide more integrated patient care
- Explore ways in which team working using dental nurses and dental hygienists could be introduced
- Consider extending the well organised voluntary programmes into the undergraduate curriculum, in particular the community preventive programme

Executive Summary

This report is based in part on the self assessment report and in part on the four-day visitation. It focuses primarily on areas which has been found to be commendable or areas where change could be appropriate. The report will not repeat information already contained in the self assessment report. The visitation was requested by the Faculty of Dentistry and has been organised under the auspices of ADEE (Association for Dental Education in Europe, www.adee.org).

The Faculty of Dentistry of Ege University is the first Dental School in the Aegean Region and one of the most esteemed in Turkey with desire for international exposure and cooperation. It is a well equipped, modern dental facility that enjoys a high number of motivated faculty members and students. The hospital has high numbers of patients providing good opportunities for students to learn clinical skills, but also in some departments acting as a barrier to effective student learning because of the high workload.s

The curriculum is well organised, but insular and the departmental structure is extremely strong. This is impeding an inter-disciplinary approach to patient care and the team advises that the School should consider how a more integrated approach can be developed. Restructuring of the curriculum to consider the sequencing of teaching could have a beneficial impact on students' learning. A new curriculum should also allow students' early patient contacts and more time for individual and self-learning.