



Hacettepe University
Faculty of Dentistry



Visitors Comments

Site visit

April 12th to 15th 2015

ADEE Visiting Team:

Chair:

Prof Deborah White
Birmingham, UK
d.a.white@bham.ac.uk

Rapporteur:

Dr. Eilis Delap
Dublin, Ireland
Eilis.delap@dental.tcd.ie

Prof Rui Amaral Mendes
Porto, Portugal.
ramaralmendes@crb.ucp.pt

Dos Heli Vinkka-Puhakka
Turku, Finland
hevipu@utu.fi



Association for Dental Education in Europe
International Office
Dublin Dental School and Hospital
Trinity College, Lincoln Place
Dublin 2, Ireland

T: +353 1 612 7287 / 7235
F: +353 1 612 7294

www.adee.org

Contents

Visitors Comments:.....	4
<i>Acknowledgements:</i>	4
<i>Prologue:</i>	4
1. Introduction	5
<i>Strengths:</i>	5
<i>Weaknesses:</i>	5
<i>Opportunities:</i>	6
<i>Threats:</i>	6
2. Curriculum in general	6
3. Curriculum content and methods.....	8
4. Facilities.....	10
5. Organization.....	11
6. Staff	12
7. Biological and Medical Sciences	13
8. Public dental health and Behavioural sciences.....	14
9. Restorative dentistry	15
10. Orthodontics and Paedodontics.....	16
11. Oral diseases of bone and soft tissues.....	17
12. Scientific education and development	18
13. Integrated dental care.....	19
14. Other influences and student affairs	20
15. Research and publications.....	21
16. Quality management.....	21
17. Overall summary SWOT analysis.....	22
<i>Strengths:</i>	22
<i>Weaknesses:</i>	22
<i>Opportunities:</i>	23
<i>Threats - External:</i>	24
<i>Threats - Internal:</i>	24

Visitors Comments:

Acknowledgements:

The Visitors would like to thank Hacettepe University and in particular the Faculty of Dentistry for hosting an ADEE site visit.

We appreciate the time and effort that has been spent by staff in preparing for the visit and in completing the self-evaluation document. We would particularly like to commend the School for their openness and honesty in the document, but especially during the visit which helped us enormously, giving us a true insight into the undergraduate teaching programme, within the national and cultural context.

In particular we would like to thank the Dean, Prof. Dr. Ahmet Serper, Vice Dean, Prof. Dr. Tulin Taner, Vice Dean, Prof. Dr. Burak Demiralp, Clinical Director, Prof. Dr. Murat Ozbek and Vice Clinical Director, Associate Prof. Dr. Emre Altundasar.

The visitors also wish to express their gratitude for the extremely warm welcome and hospitality which they received during their visit.

Prologue:

The process of preparation for an ADEE visitation and for the production of a self-assessment report is the most important part of an ADEE visit. The more faculty that contribute to the process, the greater the validity of the visit. The periodically repeated exercise of a self-assessment by a school (ref. LEADER) enables the school to advance forward with dental education.

The observations of the ADEE team of visitors are given by four individual dental educators working as a team, although from different countries, different backgrounds and different perspectives. The nature of the ADEE visit is a peer review and its main focus is to give professional feed-back to the faculty.

ADEE aims to advance dental education in Europe through convergence towards higher standards. This is achieved through peer influence and the exchange of ideas and best practices. All the visitors are influenced by the ADEE 'Profile of a European Dentist' with common educational outcomes and agreed clinical competences.

The Faculty of Dentistry in the University of Hacettepe in Ankara is to be commended on its visionary leadership and an extremely cohesive group of open and honest, hard-working staff. The visiting team was impressed by the commitment of staff, at all levels, to the University, Dental School and the undergraduate and postgraduate students.

It is the opinion of the visitors that the School is as good as many dental schools in Europe and better than many visited.

The visitors also wish to acknowledge that they themselves learned much from their visit to the Faculty of Dentistry in the University of Hacettepe and from the exemplary practices observed within the school.

The visitors' comments are offered to the school for their consideration and debate. However, they have avoided detail and minimized comments on individual departments in order to avoid unhelpful comparisons.

The visitors comments focus on issues which are worthy of further consideration and areas in which improvements could be made.

1. Introduction

Strengths:

The University of Hacettepe has a strong mission and vision, aiming to become a leading university and to train highly qualified individuals for the future of the country.

The position of the University in the centre of the capital city, Ankara, the well organised campus and the facilities within the campus are supportive of this mission and vision. All student needs are met on campus, including accommodation, food with advice from dieticians, sporting facilities, University radio and internet TV (for broadcasts within the University), all within a reasonable subsidised budget. For dental students, even dental laboratories are provided within the accommodation buildings,

The School of Dentistry, founded in 1963, (the second Dental School in Turkey) is located in an impressive new modern building (2009), with modern facilities. It is well supported by the University and the visitors highly valued this.

The visitors were impressed by the staff in all departments who were committed, honest, open and enthusiastic and this bodes well for the future of the School of Dentistry.

The creation of an Integrated Patient Care Clinic mimicking future dental practice for the graduate dentist, with the clinicians providing holistic assessment, treatment and care of patients.

The close proximity of the School of Dentistry to the Hacettepe Medical Center Hospital gives opportunities for the integration of dental and medical topics, especially because the School of Dentistry has an excellent relationship with the Medical Faculty.

Due to the School's location, there is an abundance of patients available in the region and referred from outside the region, with a variety of treatment needs and suitable for the acquisition of student competences.

Weaknesses:

The visitors were appalled to hear the subvention per item of treatment provided in Turkey. (It appears to be very low compared to European norms). This could have a catastrophic impact on the primary duties of a dental school, education and research because it forces setting standards for patient care on financial grounds instead of professional knowledge.

The emphasis on dental treatment throughout Turkey is on the provision of treatment rather than prevention. International dental literature starting from the 1970's shows overwhelmingly that the prevention of dental diseases is infinitely superior to creating oral health than the provision of treatment only.

The School of Dentistry has great demand on the Dental Care Services due to the large number of patients. This demand for primary care may restrict opportunities for greater depth of teaching adversely influencing the versatility of their dental degree.

The ever increasing number of dental undergraduate students imposes huge demands upon the resources available for the undergraduate dental programme.

Opportunities:

The visitors highly recommend the School of Dentistry to take advantage of the Department of Education and the Department of Health, in advising on the essential requirements for high quality in dental education and placing emphasis on Public Dental Health policies for the prevention of oral diseases in Turkey.

Threats:

In Turkish Dental Schools there appears to be a significant dependence on income generated from patient care services where the subvention per item of treatment is very low compared to European norms. This income generated should not take precedence over the primary duties of the Dental School, education, research and setting standards in patient care. It is generally accepted that in Turkey that despite the fact that 80% of Turkish citizens are covered by social insurance, the dental care services infrastructure is unable to cope with the demands. A solution needs to be agreed between the dental schools and the state authorities to protect the strategic responsibilities of modern dental schools. Reciprocity from the schools in implementing a strong Public Dental Health academic structure would be valuable to help reduce the demands on treatment by increasing an emphasis on prevention and improving oral health overall.

The increasing number of dental students annually, imposed on the Dental School is a very real threat. Dentistry is unique in that the undergraduate dental student requires competence based clinical skills which can only be acquired through specialised laboratory training and direct patient care. To enable this to take place a defined ratio of dental students to dental chairs is essential in determining the outcomes of the student skills and the competences of the dental graduate.

Another determinant of these competence based clinical skills is the ratio of the number of dental students to dental staff in laboratory and clinical areas for direct patient contact, diagnostic and clinical training and patient care. With increasing number of students the quality of the dental graduate is compromised.

The higher authorities should be made aware of this so that the quality of the Turkish Dental Graduate is maintained at the highest possible level and is not compromised by the overcrowding of students within the undergraduate programme.

2. Curriculum in general

Strengths:

The mission and vision of the School of Dentistry is to be highly commended and should be central to all curriculum planning and implementation.

The School of Dentistry has committed, highly qualified, enthusiastic academic staff.

The structural changes in the curriculum according to the Bologna Process were implemented and the European Credit Transfer and Accumulation System (ECTS credits) were introduced in 2007, rearranged in 2012 and implemented in 2013.

In the renewing process the curriculum was changed into semester based, the course contents were updated and the learning outcomes for the courses were defined.

The contents of the undergraduate programme were divided into compulsory and elective courses.

In the renewing process an Integrated Patient Care Clinic was introduced. This clinic prepares the students for their future working environment by mimicking the patient care of the graduate general dental practitioner. The integrated patient care clinic provides a contextual learning environment for a holistic approach to dentistry.

Weaknesses:

Imposed increasing number of students, makes planning difficult and ultimately affects the quality of the Dental education programme: as a result of increased student load, student/dental chair ratio and student/staff ratio are increased as discussed in section 1.

The Dental School has a departmental structure. A disadvantage of this structure is that it compartmentalises patient care and makes the provision of an integrated approach less likely. The introduction of the integrated patient care clinic is to be commended and the visitors would recommend the extension of this clinic (not necessarily in a physical context but rather the integration of patient care to enable the holistic approach to patient care, mimicking the care of patients in the graduates dental surgery).

The learning outcomes have been introduced to all the courses, **but alignment of:**

1. The aims and competences (what topics teachers intend to include into the course based on the pre-written competences of the core curriculum).
2. The expressed learning outcomes (what knowledge, skills and attitudes students are expected to have learned at the end of the course).
3. The assessment methods (based on the learning outcomes, in order for the teacher to know how well students have learned the learning outcomes) need further development

If the learning outcomes are in line with the aims and competences the student who passes the programme would have automatically fulfilled the competency statements at graduation.

Opportunities:

Principles practiced in the Integrated Patient Care Clinic provide a sound basis for extending the holistic approach to dentistry into patient care more widely within the School of Dentistry.

Part of the vision of the HUDF is to promote overall dental health within Turkey. The prevention, rather than the cure, of oral diseases would help fulfil this vision. The help of the Department of Education and the Department of Health is readily available within the Campus of the School of Dentistry to create high quality preventive dental education and in placing emphasis on Public Dental Health policies for the prevention of oral diseases in Turkey.

Threats:

Lack of control of the number of undergraduate students and increasing numbers of students imposed externally annually.

Overcrowding of facilities within the dental laboratories and hospital: student:staff ratio, student:dental chair ratio, ultimately compromises the quality, skills and competences of the Dental Graduate

3. Curriculum content and methods

Strengths:

The School of Dentistry has committed, highly qualified and enthusiastic academic staff and wonderful modern facilities in the center of the University campus in the center of the capital city of Turkey.

Turkey has the National Qualifications Framework for Higher Education (NQF-HETR) in Narrow Fields of Education and Training accepted on January 13th 2011 at CoHEs General Assembly. In the NQF-HETR the level descriptions has been decided to be in accordance with the level identified of EQF-LLL (European Qualifications Framework-Life Long Learning) and the document is available via website for the use of every higher institution in Turkey: (<http://tyyc.yok.gov.tr/?pid=31&dil=eng>)

The undergraduate dental curriculum corresponds to the NQF-HETR.

The visitors commend the continuous review of the curriculum within the School of Dentistry.

In 2013 a revision of competences was undertaken, including clinical competences and the learning outcomes to the courses were documented. This forms a good basis for further development. Criteria for assessments should be based more on learning outcomes.

The School of Dentistry applies a variety of assessment methods within the curriculum e.g. multiple choice questions, case based work, oral examination, appreciating the differences of students as learners. However, additional methods should be considered.

The well-organised make-up exams help slower learners to proceed. The rapid learners may suffer for limited possibilities to advance at their own speed and may therefore require some consideration.

The revision of the curriculum to correspond to the Bologna Process has increased the flexibility of student mobility with the Dental Schools of the region of Turkey.

During the revision a number of courses were signed as 'Elective' courses. This was done in order to increase the variability into the curriculum. However, visitors suggest that the elective should be reconsidered at the annual revision of the curriculum e.g. in the following areas:

- *some of the courses assigned as electives have the content of a compulsory nature in dental education (e.g. Introduction to dentistry, learning throughout life etc..)*
- *some of the electives seem more or less repetitive of the previous compulsory courses (for exams) and therefore don't seem to attract students*
- *the visitors view is that the elective courses should focus more into the various fields of dentistry at the border of the core curriculum and dentists' work profile in everyday life, allowing students some options to direct their course to the areas to which they are attracted*
- *the scientific approach of the electives needs to increase in order to keep dentistry as an academic profession*

Weaknesses:

The large number of patients to be treated for economic reasons may jeopardise students' possibilities for a broad range of treatment options and narrow their qualifications.

Increasing numbers of dental students imposed from external force.

Limited facilities and staff to cope with increasing student numbers.

The alignment of the curriculum needs further improvement e.g. assessments should more be based on learning outcomes.

Opportunities:

Including Objective Structured Clinical Examinations (OSCE's), which are already practiced in the campus, would more widely increase the variety of assessment methods, especially in the clinical competences (in the main focus of the education programme).

To expand integrated patient care of patients, preparing the students for their future working environment and providing a contextual learning environment.

To encourage the students to be life-long self-directed learners (e.g. making the "learning throughout life" course compulsory).

Opportunity to experience teamwork within the dental environment by introducing the system of younger students as chair-side assistants for the more advanced students.

Threats:

Increasing number of students imposed from other countries and from all over Turkey due to the good reputation of the school.

Limited capacity of facilities and staff with increasing number of students ultimately resulting in a reduction in the quality of the competences of the dental graduates.

The subvention per item of treatment provided in Turkey.

4. Facilities

Strengths:

The School of Dentistry is located in a new modern building which is an impressive, accessible, spacious modern facility.

The School of Dentistry building is located in the centre of the University Sıhhiye Campus, in close physical proximity to the Hacettepe Medical Center Hospital

The Sıhhiye Campus of the Hacettepe University is located in the centre of the city of Ankara, which is the capital city of Turkey and is situated in the centre of the country

Weaknesses:

The traditional existence of the departmentalised structure of the dental school limits the holistic approach to patient care. Although this physical barrier exists it may be overcome through some rearrangement of patient care. However, more importantly, it can be overcome by the willingness of all staff to embrace change and by the inter-departmental communication, the basis of which clearly already exists between the departments.

Opportunities:

The early introduction of dental students to patient care will motivate student learning, teach the concept of dental teamwork and provide a contextual learning environment. The dental students in the earlier years could all benefit by acting occasionally as chair-side assistants for the more advanced dental students. Again it is important to emphasise that the number of students is limited depending on the number of dental chairs and lack of chair-side assistance limits the students learning experiences. We are pleased to hear that for the 2015-16 academic year, it has been arranged for 3rd year students to assist at the chairside for senior students.

Threats:

The increasing number of dental students annually, imposed on the Dental School is a very real threat. Dentistry is unique in that the undergraduate dental student requires competence based clinical skills which can only be acquired through specialised laboratory training and patient care. To enable this to take place the ratio of dental student to dental chair is essential in determining the outcomes of the students' skills and competences.

Another determinant of these competence based clinical skills is the ratio of the number of dental students to dental staff in laboratory and direct patient contact, versatile diagnostic and clinical training. Within this context students learn to interpret the theoretical knowledge for the benefit of patients and the oral health of the nation.

With increasing number of students the quality and competences of the Dental graduate is compromised. The higher authorities in the Turkish Government, responsible for the health issues in Turkey, should be made aware of this. In the current situation of increasing numbers of dental students within the Dental School, the teachers may not be able to guarantee the quality of the Turkish Dental Graduate at the highest possible level and they may not therefore be able to direct dental education into prevention of oral diseases and hence, may not be in a position to provide better oral health to the nation.

5. Organization

Strengths:

The Faculty is run by the Faculty Board and the Board of Directors of Faculty elected by academic staff members serving in the Faculty. The visitors noted an admirable cohesion between the staff members.

This democratic system of appointments is a strength, even though students only have limited representation in the Faculty Board. Vice dean is responsible for education and students affairs, supported by an Education Commission, which evaluates student progress and prepares student feedback forms. The role of the Education Commission is to oversee curricular changes. This could be extended to be one official link between departments.

The existence of the Quality Management Unit is a strength, even though its role is limited. It is mainly gathering information about the patient, the employee, and the students satisfaction.

Data Recording and Hospital Information System allowing more efficient access to data.

Weaknesses:

The committees have various well-structured responsibilities. More formal interaction between committees and departments is encouraged as official links to exchange information between the committees could make information services more effective and unbiased.

Students' participation in the committees exists, but is presently rather narrow. In discussion with students some of the students would have appreciated more support by the teachers especially in the beginning of their first year.

Opportunities:

The Education Commission is aware of problems the students have during their education programme by taking student feedback. It is unclear how students are informed of the impact of their feedback. Further development of an official path for this feedback to teaching modules and departments would be encouraged.

Students are represented on some committees, but it is hoped that students could be represented on all committees that deal with curricular issues.

In discussion with students some of them would have appreciated more support by the teachers, especially in the beginning of their first year. Development of the existing 'buddy systems' is encouraged.

The Dental School could extend the quality management unit/Quality control department to define the criteria/indicators and to follow up all the processes taking place in the School of Dentistry: in patient care, student education and curriculum development, and career development of teachers etc.

6. Staff

Strengths:

Young dynamic, enthusiastic and committed staff, open to new ideas and change. Educational training for staff has been going on for many years. All the new teachers are invited to participate to a trainers' training programme run by the education department with the Faculty.

The academic staff is one of the strongest features of the HUDF.

Weaknesses:

Limited educational training for staff. The pedagogic programmes could be an ongoing event and also the senior teachers should participate. Instead of passive teaching, the teachers could develop their own courses as a part of pedagogic project and get feedback from the course members.

Limited number of auxiliary staff and lack of training of auxiliary staff within the hospital, which makes dental teamwork difficult.

The heavy patient load limits the possibilities for research by the staff.

The scope of the basic or clinical research is narrow.

Opportunities:

To extend the educational training of all teaching personnel including senior professors would be an effective way to share and distribute information of best practises. This could be done e.g. by each teacher updating his/her teaching module from the pedagogical point of view during the educational training course. The teaching would present the updated modules/courses to the group for discussion led by the teacher in education.

To establish an auxiliary staff training programme to co-exist with the dental undergraduate programme mainly on the nation-wide preventive, oral health promoting activities.

Vertical and horizontal integration of biological and basic sciences in the dental curriculum is advocated.

To promote teamwork in the dental environment.

The teamwork approach should begin during undergraduate dental education and form an integral part of dental education.

Threats:

The increasing number of dental students annually, imposed on the Dental School is a very real threat.

7. Biological and Medical Sciences

Strengths:

The visitors were impressed by the commitment of the biological and medical science teachers to the Faculty of Dentistry. There was obvious good communication between the teachers themselves and also between the teachers and the Faculty of Dentistry. The awareness of the need to include the biological and medical sciences within the curriculum in the context of Dentistry was impressive.

Well qualified, enthusiastic staff that are willing to adjust basic science teaching to the needs of dentistry and co-located on the same campus as Dentistry.

The teaching of the biological and medical sciences in the context of dentistry and the vertical distribution of biological science teaching throughout the curriculum.

Evaluation of the courses by the dental students.

Located on the same campus as the Faculty of Dentistry.

Weaknesses:

The biological sciences are not integrated throughout the curriculum. Some of the elective courses do not attract students. This may be due to the perception that they seem to be a 'repeat' of previous courses and are indeed designed to help students to pass exams. It would be better to design them more towards dentists' work. We are pleased to hear that the title 'basic' has been changed to 'clinical' for the 2015-16 academic year, which may make these elective courses more attractive to students.

The medical sciences are not fully integrated throughout the curriculum. Links between the medical sciences and clinical aspects of dentistry should be encouraged wherever possible. Clinical teachers, for example Oral Surgeons, Periodontists and Orthodontists could be involved in some group work or practical sessions to highlight the clinical relevance of medical sciences and biological sciences.

Opportunities:

To integrate the biological sciences both horizontally and vertically throughout the curriculum (always ensuring the relevance to dentistry). To further develop integration of medical sciences within the curriculum

To integrate assessment of biological and medical sciences within the curriculum.

Threats:

The increasing number of dental students annually, imposed on the Dental School is a very real threat. With increasing number of students the quality of the Dental graduate is compromised.

Overloading the curriculum.

Over-assessment of the students

8. Public dental health and Behavioural sciences

Strengths:

Well established teaching in Dental Public Health

Field Study for students, allowing students to put theory into practice

Communication skills teaching included in curriculum since 2013

Ethics teaching

Weaknesses:

Dental Public Health teaching is concentrated in year 5 of the BDS programme

Evidence Based Dentistry and Communication skills teaching are elective courses

Opportunities:

To build on the existing Dental Public Health teaching and integrate into the earlier part of the programme

To review the elective courses and incorporate into the curriculum as compulsory topics, in particular 'Communication Skills'

Threats:

Increasing number of students may compromise the possibility of field projects.

9. Restorative dentistry

Strengths:

Young, well qualified, enthusiastic and committed staff.

Availability of a great number of patients for oral diagnosis and with a wide variety of treatment needs made available to the students.

Dental education seems to be overloaded with dental restoration. A more health oriented, preventive approach has proved in many countries to bring greater oral health than a restoration approach.

Weaknesses:

The demand on the Dental Care Services due to the large number of patients compromising teaching within the clinical care setting.

In Turkey the subvention per item of dental treatment is very low compared to European norms. This could have a catastrophic impact on the primary duties of a dental school, education, research and setting standards in patient care.

The lack of auxiliary staff compromising patient care and student training.

Limited integration with other dental disciplines.

Limited time for research.

Opportunities:

Increased integrated patient care for patients and students to increase contextual learning and mimic the working career of the graduate dentist.

The proximity of the the basic sciences and medical sciences on campus could be optimised to increase research opportunities and a preventive approach to dentistry.

Threats:

The increasing number of dental students annually, imposed on the Dental School is a very real threat. With increasing number of students the quality of the Dental graduate is compromised.

The increasing number of dental students with limited dental chair capacity and limited number of supervising clinical instructors (note: student: dental chair ratio, student:staff ratio).

10. Orthodontics and Paedodontics

Strengths:

Availability of a great number of patients for oral diagnosis and with a wide variety of treatment needs made available to the students.

Good integration of paedodontics and orthodontics.

Clinical exams could easily be developed into OSCE and assessment criteria readily available to students in advance.

Weaknesses:

The limited number of auxiliary staff compromising patient safety but also student training.

Some of the dental appliance work (dental technicians work) may not serve orthodontic diagnostics.

In Paedodontics the main focus could be prevention of oral diseases, massive health promotion. In dentistry there are means to do it, but it takes manpower.

Lack of Public Dental Health policies at government level. Currently the emphasis is placed on treatment rather than early diagnosis and interception and prevention. On graduation a dentist must be competent at promoting and improving the oral health of individuals, families and groups in the community.

The subvention per item of dental treatment is very low compared to European norms.

The increasing number of dental students, thereby increasing demand on the clinical facilities and the supervising clinicians.

Limited opportunity to practice a holistic approach to the management of patients.

Limited time for research and narrow scope of research.

Opportunities:

Early introduction of students to clinical care would help where there is limited auxiliary staff and would also be highly motivating to the students, providing them with opportunities of contextual learning within the clinical environment.

To be leaders in Public Oral Health education and to help influence policies at a higher level.

Threats:

Lack of Public Dental Health policies at government level, placing emphasis on patient treatment rather than prevention.

The limited number of auxiliary staff compromising patient safety and student training.

11. Oral diseases of bone and soft tissues

Strengths:

Impressive, modern well- equipped facility.

Inpatient clinic and general anaesthetic facility.

Large number of patients with a variety of treatment needs.

The School of Dentistry building is located close to the Hacettepe Medical Center Hospital.

Weaknesses:

The demand on the Dental Care Services due to the large number of patients compromising teaching within the clinical care setting.

The increasing number of dental students with limited dental chair capacity and supervising clinical instructors (note: student: dental chair ratio, student:staff ratio).

Insufficient number of auxiliary staff.

Limited time for research.

Opportunities:

Increased opportunity for research by increasing time available for staff.

To create a training programme for auxiliary staff.

To introduce students in the earlier years to clinical exposure assisting students from the 4th and 5th year.

Threats:

Increasing number of patients.

The limited number of auxiliary staff compromising patient safety and student training.

12. Scientific education and development

Strengths:

Updated curriculum to include aspects of evidence based dentistry and research planning (although very limited).

Student evaluation of courses and feedback systems in place.

Elective courses available to students, even though require some rearrangement.

Location on the University campus close to all disciplines.

Good working relationship throughout the university.

Weaknesses:

Dependence on lecture based teaching, where the emphasis is on teaching not learning.

Some of the elective courses would enrich the core curriculum.

Opportunities:

*To extend some of the courses described in this section throughout the curriculum, promoting evidence based dentistry, critical appraisal skills and life long learning skills
Integration of various topics within these courses into the curriculum, both horizontally and vertically within the curriculum.*

Students could have more impact on the curriculum.

Threats:

Increasing number of students.

13. Integrated dental care

Strengths:

This is one of the strengths of the entire undergraduate programme, mimicking the future working environment of the graduate dentist, promoting the holistic approach to patient care.

There are well qualified, enthusiastic and committed staff, a modern, well-equipped facility and a large number of patients available with a variety of treatment needs.

Weaknesses:

Limited time available to students to this integrated approach to patient care, limited number of auxiliary staff and complexity of cases may be too difficult for undergraduate teaching.

Opportunities:

To extend the integrated approach to integrated patient care throughout other clinics.

Arrange for the students to follow the entire treatment of some patients thus providing 'holistic' patient care.

To introduce a teamwork approach to patient care (with students in the later years sharing the patients and perhaps 'passing' on the patients to the earlier years depending on the competence needs of the students. This teamwork approach providing a learning experience for all students, with students in the later years motivating the earlier year students.

To introduce earlier exposure to clinical care to the 1st, 2nd and 3rd year undergraduate students by enabling them to assist the 4th and 5th year undergraduate students.

To introduce a training programme for auxiliary staff with the dental school.

14. Other influences and student affairs

Strengths:

Student representation and involvement in administration with democratic election of student representatives.

Student counselling system in place and staff and student Health services provided by the Hacettepe University.

Student support: no fees for national students, subsidised accommodation available within the University, subsidised food and transportation for students.

Mobility of students through the European Union Erasmus Exchange programme, the Farabi Exchange programme within Turkey and the Mevlana Exchange programme with higher education institutions of other countries.

Sports facilities at both Sıhhiye and Beytepe campuses in the Hacettepe University and clubs and societies within the University.

Weaknesses:

Limited public oral health policy with Turkey, with a lack of emphasis on prevention of oral health diseases and more of an emphasis on treatment.

Patients available often complex for undergraduate treatment needs.

Limited number of staff relative to number of students and limited auxiliary staff compromising safety.

Limited student representation and involvement in administration.

Not all students use the counselling system available to them.

Opportunities:

Increase involvement of students on all committees, they are the stakeholders

Threats:

The increasing number of dental students annually, imposed on the Dental School is a very real threat to the quality of the dental graduate.

15. Research and publications

Visitors' comments:

Strengths:

Well qualified, enthusiastic and committed staff.

Competence in English.

Publication of a Journal in English (Journal of Clinical Dentistry and Research (CDR))

Weaknesses:

Time available for research.

Opportunities:

Enthusiastic and committed staff.

Threats:

Limited time available for research due to increasing number of dental students, placing demands on the time of staff.

Large number of patients placing demand on the time of the staff.

The subvention per item of treatment provided in Turkey. (It appears to be very low compared to European norms). This could have a catastrophic impact on the primary duties of a dental school, education, research and setting standards in patient care.

16. Quality management

Some comments related to Quality Management have been included in previous sections.

Strengths:

Quality Management System in place

Weaknesses:

Limited staff working in this area

Opportunities:

To extend Quality Management System to include student education

Threats:

Need to complete the quality management process

17. Overall summary SWOT analysis

Strengths:

- Centrally located within the country of Turkey, in the capital city, Ankara.
- Located in the capital's city centre, within the University campus, which has very good transportation facilities.
- The Faculty of Dentistry, the Faculty of the Medicine and Health Sciences are on the same Campus.
- The Hacettepe Faculty of Dentistry is the second oldest dental school in Turkey (established originally in 1963).
- The Faculty of Dentistry is in close physical proximity to the Faculty of Medicine and the Hacettepe Medical Center Hospital.
- Hacettepe University, presidency, senate and board of directors coordinates all academic units within the University.
- There is a Bologna Committee within the University and within the Faculty of Dentistry.
- The Faculty of Dentistry and Medicine work in close collaboration.
- The Faculty of Dentistry has modern and well equipped facilities.
- The Faculty of Dentistry's organisation is made up of a committee structure.
- The Educational committee of the Faculty of Dentistry.
- Young well qualified, dynamic, enthusiastic and committed staff.
- Open to new ideas and change.
- Good communication between all clinics at a personal level, there could be more official cooperation.
- The Integrated Clinical Care Clinic.
- Availability of patients with a wide variety of treatment needs (the population of Ankara is 5.045.083).
- Variety of treatments provided by the Faculty of Dentistry.
- Student facilities are excellent, canteen, lockers, changing room, computer room and library.
- Student Involvement at various levels, in the initial stages, could be extended.
- Student Feedback/ Evaluation.
- Farabi, Mevlana and Erasmus Exchange Programmes.
- Availability of Elective Courses.
- Communication Skills Course.
- Clinical Skills Course.
- Objective Structured Clinical Examination (OSCE) assessment of both Communication skills and Clinical skills.
- Student accommodation in close proximity to the Faculty of Dentistry, within the University Campus (with laboratories to enable students to practise clinical skills!).
- Subsidised facilities for students.

Weaknesses:

- External influences: lack of Public Oral Health policy and the prevention of dental diseases.
- Emphasis on treatments rather than prevention.
- Lack of finances available for student education/ small amount from university but no input from National Department of Education.
- Limited funding for educational training
- Limited educational training for staff.
- Lack of reward for education with emphasis on treatment provided.
- Lack of protected time for research.

- *Research is supported by the Scientific Research Coordination Unit of the University. However, there is a lack of reward for research for staff.*
- *Finances dependent on social security income: costs for treatments extremely low, not reflecting professional fee and degree of difficulty/time involved.*
- *Patient numbers (also a strength): too busy to have time for teaching while providing patients with a significant number and variety of clinical scenarios.*
- *Student numbers, 134 +15 student for 100 student places & imposed increase from external forces (has extremely negative impact on dental chair-side time for student learning and clinical training and experience). This will ultimately have an impact on the quality of the dental graduate as well as safety (Lab very busy, low number of staff, great number of students: lab safety).*
- *Planning extremely difficult with increasing numbers of students.*
- *With increasing number of students there is an automatic negative impact on the staff: student ratio and student: dental chair ratio.*
- *Staff numbers (with increasing number of students, the number of staff should also be increased to maintain the optimum staff: student ratio.*
- *Number of students: number of dental chairs ratio (with increasing dental student numbers, the ratio of the number of laboratory and dental chairs to students will automatically be reduced, thereby reducing student clinical experience/clinical exposure time, ultimately affecting the quality of training of the graduate).*
- *Overlapping within the curriculum.*
- *Lack of alignment within the curriculum (competencies, core curriculum, learning outcomes and assessment methods).*
- *Lack of appropriate adaption to an outcome based curriculum at this stage.*
- *Lack of integrated assessment(s): each department assessing: assessing same components of the curriculum: over assessing the students?*
- *Number of supervisors: student ratio.*
- *Dental nurse numbers are very limited.*
- *Teamwork within the dental team (limited due to limited dental nurse numbers.*
- *Lack of clinical exposure in early undergraduate years (chair side assistance could be provided by earlier year dental students, enabling early clinical exposure to these students which would be a source for active contextual learning and highly motivating)*
- *Lack of visible training in critical scientific thinking for life long learning.*

Opportunities:

- *To establish a Public Dental Health vision for the entire country of Turkey with an emphasis on prevention rather than the treatment of oral disease*
- *Opportunity to drive change at a higher level, helping advise the Department of Health and the Department of Education, within the country of Turkey on the Prevention of Oral Health and Diseases and the education for the life-long learning of the Dental Graduate*
- *To collaborate with other dental schools in Turkey to drive change at a national policy level*
- *To become leaders in Dental Education within Turkey and especially in the capital and surrounding areas*
- *To have increased collaboration with other dental schools in Turkey (the Farabi programme is an example of collaboration which already exists)*
- *Educational training for all staff especially supervising assistants: (the established connection to the Education Department within the university and the Medical Education Department within the Faculty would enable this)*
- *Research opportunities through collaboration with others in the university setting*
- *Holistic approach to patient care which would allow students to see the same patients for their whole care, rather than provide piecemeal treatments in separate departments. Students could be allocated patients (not teeth) to treat and would be responsible for*

examination, diagnosis and treatment planning. Once this has been agreed with a teacher, they work through the plan in order.

- *Increased Quality management and Central Protocols*
- *Central provision of universal cross infection control protocols*
- *Provision of gowns to students with all students wearing safety glasses, gloves and masks in the clinical and laboratory area for universal cross infection control as outlined by central protocol*
- *Early clinical years to have earlier clinical exposure by assisting in the clinics*
- *Student numbers: High student number, no control of imposed increasing numbers: use students from earlier years for assistance and early introduction to patient care (thus providing early clinical exposure and the ability to provide a contextual learning environment for the students which is also motivational)*
- *Vertical introduction of patient care and teamwork (i.e. students in years 2,3,4 & 5 working as a team on the same patient)*
- *Increased integration of the provision of clinical care: both horizontally and vertically
Clinical topics should be included during the pre-clinical years which will help to make the subjects more relevant.*
- *General integration of departments: as in integrated patient care clinics*
- *Development of alignment within the curriculum*
- *To introduce an increased number of different methods of assessment, thereby increasing reliability and validity (but be careful not to over-assess)*
- *Mentoring & tutoring*
- *Possibility of training nurses for preventive work*

Threats - External:

- *Lack of national public oral health policy in Turkey*
- *Limited funding for dental student education*
- *Limited funding for dental health care provision (amount provided for patient care does not reflect the professional treatment and degree of difficulty and time of treatment)*
- *Emphasis on treatment need rather than prevention of oral diseases*
- *Increasing numbers of students imposed from outside, making forward planning extremely difficult, increasing demands on staff, demand on facilities etc.*
- *Limited staff with increasing numbers of students*

Threats - Internal:

- *Overloading of curriculum*
- *Over assessment of the students*