

İSTANBUL KENT UNIVERSITY
TO THE DEAN OF THE FACULTY OF DENTISTRY

21.10.2026

Subject: 5th-year clinical training conditions

We, the 5th-year students of the Faculty of Dentistry, submit this petition to state that our clinical training has become unsustainable under current conditions, and that this directly threatens our ability to graduate on time.

These are not individual complaints. They are structural problems that affect our entire class every day and feed into one another. Quotas remain high, while the patients, infrastructure, materials, staff and time required to meet them are not provided. A 5th-year student today spends more time finding patients, chasing appointments and working around broken units than practising dentistry. This is not acceptable.

THE CURRENT SITUATION

1. The patient pool has effectively ceased to exist. New patients are referred directly to staff dentists. Last year, patients for basic procedures such as scaling and fillings could still be found in the pool; this year they cannot. The choice offered to patients makes student treatment entirely unattractive because of the long wait. In practice, the integrated clinic now runs on the rule “if you want to graduate, find your own patients.”

2. The patients we do find are being lost. Patients found with great difficulty are made to wait 2–3 months after their first procedures because the relevant rotation has not started, and most never return. There is no official system for transferring patients between groups. Trading patients is forbidden, yet no alternative is offered. The result is lost patients and tension between students.

3. The OD appointment system is blocked. OD appointments are given around two weeks out. Last year the name on an appointment could be changed after a cancellation; this year it cannot be changed through the appointment line or at the front desk, where students meet resistance instead of support. Even emergency patients and simple procedures such as scaling depend on OD. In some departments, treatment indications are withheld even where an OD indication exists.

4. Almost every unit has a fault or missing equipment. Basic equipment such as suction, curing lights and operating lights is broken or missing. Technical staff cannot be reached when a fault occurs, and at least half an hour of every 1.5-hour session is lost waiting for repairs. Inspecting units and reporting each fault is not the students' job; technical staff must do it at regular intervals.

5. Materials and equipment are inadequate. Consumables that should be supplied are missing, and the composites and other materials provided are of poor quality. Examination sets are no longer issued, and forceps and elevators run out in the surgery store even at the start of term. The number of Cavitrons is far below what the departments need. Fixed equipment is the faculty's responsibility, not the students'.

6. There is no assistant support. In surgery, students wait for an assistant before every extraction and are sent from floor to floor to find one. In OD, on days when the responsible faculty member is absent, examining a patient can mean waiting up to half an hour.

7. Students' instruments are being stolen. Losses from sterilisation and from lockers have become routine. Some students have had to buy their entire sets again.

8. The quotas cannot be completed under these conditions. Second-term rotations have been significantly shortened. With the current number of units and session lengths, the quotas cannot be completed even under ideal conditions. Either the quotas are too high or the resources are inadequate; the two together are unsustainable.

9. Prosthodontics make-up is pushed past graduation. Many students who are short by half a point or one point in prosthodontics are being forced to wait until after graduation to make it up. Extra make-up units were opened for endodontics, but not for prosthodontics.

OUR DEMANDS

1. Patient pool: New patients must first enter the student pool; only those whose treatment has not started within a set period should go to staff dentists.

2. Patient transfer: An official, fair system for transferring patients between groups, so patients are not kept waiting for months because of the rotation calendar.

3. OD process: Increased OD capacity, name changes allowed again after cancellations, and 5th-year students able to treat on the relevant faculty member's indication without an OD appointment.

4. Maintenance: Regular inspection of all units by technical staff, a technician reachable during clinic hours, and make-up time for sessions lost to repairs.

5. Materials: Missing materials supplied, quality improved, examination sets issued again, and surgery-store stock and Cavitron numbers increased.

6. Assistants: Enough assistants assigned to surgery and OD in every session.

7. Security: Instruments issued from sterilisation against the student ID card, and measures taken to secure lockers.

8. Quotas: Quotas reduced in proportion to the shortened rotations and current unit capacity.

9. Prosthodontics make-up: As with endodontics, extra prosthodontics make-up units opened before graduation.

RESPONSE TIME

We request that these demands be addressed urgently, that a meeting be held with our class representatives by/....../2026, and that a written response with a concrete implementation timeline be provided by/....../2026.

If no concrete steps are taken within this period, we reserve the right to take this matter to the Rector's Office and the relevant university boards. Our aim is not conflict. Our aim is to receive a proper clinical education, to treat our patients safely, and to graduate on time.

Respectfully submitted for your consideration.

On behalf of the 5th-year students

Class representatives:

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SIGNATURES

The students who have signed below support the findings and demands in this petition.

No.	Full name	Student no.	Signature
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