In order to connect the clinical service and school education after graduation, the Ministry of Health and Welfare has formulated the Dental Post-Graduate 2-year-period (DPGY) training program since 2010 in Taiwan.

This program has been implemented by Joint Commission of Taiwan (JCT), aiming to build a systematic clinical training and improve the ability of medical care. The trainees could choose their training institutions which include hospitals and clinics. The project is developed to evaluate the dentists’ self-learning implementation in order to understand the effect of DPGY training program.

**Results**

The response rate was 51.27% (121 respondents). The key findings are as follows:

1. In required courses, the most improved skill was “extracting the permanent teeth” (63.64%). There’s no significant difference in different training institutions.

2. In elective courses, the most improved skill by clinic trainees was “extraction of systemic diseases”, “extraction of the impacted teeth” and “Simple oral surgery” (54.76%), and the most improved skill by hospital trainees was “deciduous teeth preventive resin filling/interval filling” (64.29%). There’s no significant difference in different training institutions.

3. In general medical ability, the most improved skill by clinic trainees was “medical case report ability” (54.72%), and the most improved skill by hospital trainees was “the ability to communicate with patients and their families” (61.19%). There’s no significant difference in different training institutions.

4. According to the survey result over the years, in 2012, 46% of the trainees agreed that DPGY training was an investment which could help individuals to practice starting their profession. Until 2016, 91.6% of the trainees highly agreed with this program.

5. According to the survey result over the years, in 2012, 33.3% of the trainees were willing to take up the position of DPGY tutors after graduation. Until 2016, 80.8% of the trainees were willing to pass down the dental medical education.

**Methods**

The survey for the trainees participating in the program for more than 18 months was conducted in October 2016 by using Google online questionnaire, which includes basic information, assessment of learning outcomes, suggestion of training program, training institutions’ evaluation, etc. In addition to the clinical techniques, the basic training program items and the communication in training (treatment) process were also incorporated in the self-evaluation program. Trainees need to do the self-evaluation of progress level (in large scale, medium scale or no differences) and overall feedback by using Likert Scale table five points method (high satisfaction, satisfaction, general, dissatisfaction or high dissatisfaction). This research analysis was conducted by summing up the progress level “in large scale” and overall feedback of “high satisfaction” and “satisfaction”. This survey lasted from 2012 per year and this project showed the results in 2016.

**Conclusion**

According to the survey results, it was significant progress in basic and advanced clinical practice that trainees recognized. Although the size of the teaching hospitals and clinics is different, we have established a coherent training program, assessment criteria, teacher consensus and evaluation system in the program. To monitor the teaching quality, we used teaching hospital accreditation and the clinic site visit. However, in view of the trainees’ learning process, it is suggested that we need to put more effort into standardize training resources on trainees, reduce the paperwork and build appropriate learning atmosphere so that it can be closer to trainees’ needs.

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