DIMER at 50:

Delaware’s best value for medical education

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Background

The Delaware Institute for Medical Education and Research (DIMER) was founded in 1969, with its first class entering medical school in 1970 (50 years ago). At the time, as now, it was an alternative to an in-state medical school, addressing the concern of access to high-quality medical education for Delaware residents in the absence of such a school.

DIMER initially formalized a relationship with Thomas Jefferson University for twenty admission slots for Delawareans at Jefferson Medical College (now Sidney Kimmel Medical College (SKMC)). In 2000, DIMER expanded its education relationships to also include the Philadelphia College of Osteopathic Medicine (PCOM), further increasing access to medical education for Delawareans. Upon creation, PCOM held five admission slots for qualified Delaware applicants. In 2019, that number was increased to ten.

In the last 2 years, DIMER and the Delaware Health Sciences Alliance (DHSA) have worked closely together to gather data; enhance outreach to students; conduct evaluations; and bring the entire Delaware healthcare together to focus on medical education and provider workforce. The DHSA was founded by 4 core members: ChristianaCare, Nemours, Thomas Jefferson University and University of Delaware. Recently, membership has expanded to include Bayhealth, PCOM, and the Delaware Academy of Medicine/Delaware Public Health Association.

The DIMER Advantage

There are five US states without an in-state allopathic medical school: Alaska, Delaware, Idaho, Montana, and Wyoming. One of those, Idaho, has an osteopathic school of medicine. Excepting Delaware, the other four are part of the WWAMI Consortium by which the University of Washington serves as their medical school.¹

The DIMER program predates WWAMI by two years, as the latter was started in 1971. There are important differences between the two programs, notably, that WWAMI provides for the states of medical student origin to also house them for the basic sciences part of their medical education (e.g., a student from Wyoming would complete a Foundations phase at the University of Wyoming before proceeding to the University of Washington for their clinical training, and then return back to their home states in many cases for clinical experiences).

As a state with no in-state medical school, this potentially presents a barrier to medical education for Delaware residents. However, through its relationships with SKMC and PCOM, Delaware has secured a minimum number of slots for qualified Delaware applicants. On annual average, SKMC and PCOM each receive an estimated 10,000 applications for approximately 280 slots per
respective institution. As DIMER applicants, Delaware applications are pulled from the overall
10,000 applications received and evaluated against other Delaware applicants. This significantly
improves the odds of being in the applicant pool, and being offered one of 30 or more medical
school slots reserved for Delaware students. DIMER provides one of the best medical education
admission advantages in the country for qualified applicants from the First State.

**Delaware Branch Campus and Residency**

While DIMER’s charge is to ensure access to quality medical education for Delaware residents,
DIMER’s mission and values extend beyond access. DIMER and its partners are committed to
providing a network of support for its students and engage students throughout the academic year
in a variety of ways.

Ensuring Delaware students understand the opportunities that are available to them through
DIMER’s partnerships will help to increase the qualified Delaware applicant pool and ensure
Delaware is well-represented from all three counties. The DIMER-DHSA partnership has
resulted in providing personal letters to each student at the beginning of each academic year; co-
hosting receptions with PCOM and SKMC for DIMER students to network with both DIMER
and institutional leadership; and conducting participatory panels in every county with
prospective students and families to discuss the many benefits of DIMER.

Outreach events provide an opportunity for students to hear from a panel of experts including
DIMER leadership, current DIMER medical students, DIMER alumni, DHSA leadership, and
practicing physicians as well as representatives from all our medical education partners and
admissions offices. We are optimistic that through continued partnership, outreach and
engagement, more Delawareans will seek high quality medical education opportunities from our
exceptional partner institutions.

DIMER is not only focused on providing medical education opportunities for Delawareans but
also in the retention of Delaware physicians to serve our communities. DIMER medical students
at SKMC and PCOM have an opportunity to conduct their third- and fourth-year rotations at the
Delaware Branch Campus. The Delaware Branch Campus provides medical students clinical
training at ChristianaCare, Nemours / A.I. Dupont Hospital for Children, and the Wilmington
VA Medical Center, and DIMER-DHSA has co-hosted graduation receptions for graduating
Branch Campus students.

In addition, PCOM clinical rotations have grown to now also include Bayhealth’s Kent and
Sussex Campuses. It is clear that many physicians stay to practice where they trained for
residency; DIMER’s relationships thus extend beyond its education partners and into Delaware’s
health systems.

Delaware residency match opportunities are not limited to Delaware Branch Campus partners, as
St. Francis also has a Family Medicine residency program, and Bayhealth is in the process of
launching its own Family Medicine residency. This range of options will provide increased
opportunity for Delawareans to complete their medical training and serve their community in
their home state.
DIMER Results

Since 1969, DIMER has matriculated 1,145 Delaware students (888 students to SKMC and 257 students to PCOM). Of these, 702 are male and 443 are females. By county, 680 originated from New Castle County, while Kent and Sussex Counties were represented by a combined total of 465 students. DIMER graduates from SKMC and PCOM went into primary care (n=334) and specialty care (n=645).

As of 2019, 229 DIMER students have returned to practice in Delaware. Twenty percent have stayed in Delaware, while 33.9% have ever practiced in Delaware (i.e. 13.9% ultimately practiced elsewhere). The full 2020 DIMER Anniversary Report\(^2\) details data on the significant impact that DIMER and partners are making in the First State.

Next Steps

DIMER has been a successful model of Delaware’s medical education program, focusing on access for Delaware students. We increasingly recognize the importance of financial and debt burden, and several measures are underway this legislative session to provide greater incentives to return to the state for practice.

Through partnership with DHSA, DIMER will continue to play an active role in the arc of education through workforce:

- Educating entering college students about their career choices,
- Assisting pre-medical students in applying to partner schools,
- Maintaining close touch with learners through medical school and residency, and
- Linking graduates to employment opportunities throughout the state upon completion of their graduate medical education.

Conclusion

The DIMER program at 50 is revitalized and strong through its partnerships. It continues to represent high value for Delaworians’ medical education. We refer readers to the full DIMER 2020 Anniversary Report\(^1\) which provides more in-depth information on demographics and data on DIMER graduates, as well as personal stories from state and institution leadership and DIMER alumni. DIMER’s partnering with the DHSA has resulted in a robust array of services intended to facilitate Delawareans’ pathway to medical school and improved chances of returning to Delaware to practice needed specialties in their home communities.

There remain important areas of needed investment, such as more robust student financial support. We are confident that with the support of the State and our many partners, we can improve healthcare access for our communities with the best-trained medical workforce anywhere. In this way we hope to address any foreseeable barriers to a high-quality education for qualified Delawareans, and to supporting a healthier Delaware.

References