

# DPS MedConnect Summit Meeting Minutes

October 26, 2015 – Mile High United Way



## Introduction & Updates | 4pm - 4:10pm

### Introduction

**David Mack** | *Industry Summit Co-chair and Teacher, CEC Early College*

**Dr. Katie Bakes** | *Industry Summit Co-chair, Denver Health*

### Goals for First MedConnect Summit

**Joe Saboe** | *Director, DPS CareerConnect*

- a. First MedConnect summit
- b. Idea is to convene industry, K12 and higher education
- c. Goals: stronger content in classrooms, stronger content in work-based learning.  
Student who meets the needs of higher education and industry when they graduate

### MedConnect 101

**Lauren Trent** | *Manager of Strategic Partnerships, DPS CareerConnect*

- a. Sequence of classes building upon skills
- b. Work-based learning
- c. Here tonight to support teachers to align DPS courses with cutting-edge industry content
- d. Major initiatives in 2015-2016

## Keynote Speakers | 4:30pm – 5:15pm

**Dr. Tomas Magana and Brooke Briggance** | *FACES for the Future*

- Work with a lot of communities throughout California
- Coming from this work as a pediatrician. Specialty is adolescents and at-risk children
- Comprehensive pathway program in health careers
  - Came as a result of asking teens in the clinic what they wanted/needed
  - Addresses “whole child” support, education disparities, workforce shortages, workforce inclusion and diversity imperatives.
- Combination of adolescent health model + school-to-career model
- Four core components
  - Career exposure: deep internships. Usually 2 years worth of internships. Rotations in hospital departments, public health departments, health organizations, 6-8 weeks, 4-6 per year.
  - Academic support: What isn't being provided at the school that needs to happen? Undocumented student issues, do we have enough tutoring for math, etc.
  - Wellness/psychosocial intervention: Addressing obesity rates, case management, crisis counseling, mindfulness training, restorative justice models. Do psychosocial

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- assessments of students during interviews. Has to be a really flexible piece of the program. What students need to be most successful.
- Youth leadership development: What are we going to do about these issues? Peer health educators, go to middle schools and elementary schools. Become health ambassadors of the employer partner. Really important piece of the buy-in from companies.
  - Amazing classrooms video
    - Students not afraid to ask questions
    - No minimum GPA – often come credit-deficient, not on-track to graduate
    - FACES core competencies must be mastered with 85% proficiency to access internships. Rigorous.
    - “You see that blue coat? This is the stuff they know.”
    - Students receive academic credit
    - School district covers liability
    - Builds work-based learning into the master schedule
    - Schools and FACES responsible for training
  - Stop being just “DPS” our kids and start being Kaiser’s, Denver Health’s kids. Everyone needs to be collectively responsible for students. Building a culture of supporting these young people.
  - Has to be a lot of effort in educating students, but also supervisors.
    - Most healthcare professionals are used to working with med students. Some assumptions made about adolescents.
    - Part of training is to address biases, but also to educate what is an adolescent brain and how does it work
    - Equal and parallel track as far as training supervisors

**Part 2: Small Group Discussions | 5:15pm – 5:50pm**

**Feedback & Close | 5:50pm – 6pm**