**A red and white sign

Description automatically generated with low confidence**

**Direct Care Resilience ECHO®**

**Case Presentation Form**

**Please complete ALL ITEMS on the form and email to MSU ECHO at**

krista.opstedal@minotstateu.edu

**Thank you**

|  |  |
| --- | --- |
| **Presentation Information** | |
| MSU ECHO Network | Direct Care Resilience |
| Presentation occurrence: | Please, select one |
| Presenter’s first and last name: | Select to enter first and last name |
| Presenter’s phone number: | Select to enter phone number |
| Presenter’s email address: | Select to enter email address |

**Presenting your case:**

**Before the Session**:   
 ● Fill out this form and email to [krista.opstedal@minotstateu.edu](mailto:krista.opstedal@minotstateu.edu)  
 ● An ECHO network coordinator will work with you to schedule a date and provide any additional information.

**During the Session**:    
 ● After the session presentation, the facilitator will introduce you and provide time to present your case to the network. The facilitator will ask the participants if there are any questions, clarifications, or recommendations.

**After the Session**:   
 ● The ECHO team will create a feedback document outlining recommendations and resources within two weeks of the case presentation.  
 ● You will be invited to share an update of your case to the network on a future session.

When we receive your case, we will email you to confirm the date and time for your case presentation. Case presentation times may vary depending on the availability of the professional development presenter.

PLEASE NOTE: The MSU ECHO case consultations do not create or otherwise establish a relationship between any of the MSU ECHO experts or MSU ECHO staff and any participant whose case is being presented in a MSU ECHO setting.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
|  |  | Date: | Click here to enter a date. |
|  |  |  |  |

1. Please identify the primary concern for your employee currently. (Excessive absenteeism or calling out, complaining of illness symptoms, signs of becoming unmotivated or checked out due to mental health, use of poor judgement or an increase in errors, etc.)

Select to enter primary concern

1. How many years has the employee worked at your agency?

Select to enter years of employment

1. To your knowledge, is the employee dealing with personal issues that may be impacting their job?

Select to enter personal issues

1. What are common triggers, stressors, and/or factors that may contribute to the concern?

Select to enter triggers, stressors, etc.

1. What kind of resources or benefits does your organization provide? These might be physical, social, emotional, spiritual, financial, etc.

Select to enter organizational resources or benefits

1. What strategies, interventions, or other actions have you tried, related to the primary concern?

Select to enter strategies or interventions that have been tried

1. Is there anything else you would like to tell us about your employee that you think the team should know in order to provide mentoring, support, or resources?

Select to enter additional information