Middle Tennessee School of Anesthesia

DNAP-Practice Doctorate Survey

Name_____Date_____

How frequently do you PERSONALLY Perform the following Skills? (check the appropriate box)

Skill	Never	Daily	2-3 Times/ Week	Weekly	Biweekly	Monthly
Intravenous line insertion	☐	☐	☐	☐	☐	☐
Arterial line monitoring	☐	☐	☐	☐	☐	☐
Central venous pressure monitoring	☐	☐	☐	☐	☐	☐
Pulmonary artery pressure monitoring	☐	☐	☐	☐	☐	☐
Mixed venous blood saturation monitoring	☐	☐	☐	☐	☐	☐
Cardiac output monitoring	☐	☐	☐	☐	☐	☐
Monitor neuromuscular blockade	☐	☐	☐	☐	☐	☐
Management of ventilator patients	☐	☐	☐	☐	☐	☐
Management of patients with IABP	☐	☐	☐	☐	☐	☐
Monitor during conscious sedation	☐	☐	☐	☐	☐	☐
Systemic vascular resistance monitoring	☐	☐	☐	☐	☐	☐

How frequently do you administer the following pharmacologic agents?

Agent	Never	Daily	2-3 Times/ Week	Weekly	Biweekly	Monthly
Nitroglycerine infusion	☐	☐	☐	☐	☐	☐
Nitroprusside infusion	☐	☐	☐	☐	☐	☐
Phenyephrin infusion	☐	☐	☐	☐	☐	☐
Phenylephrine bolus	☐	☐	☐	☐	☐	☐
Dopamine infusion	☐	☐	☐	☐	☐	☐
Dobutamine infusion	☐	☐	☐	☐	☐	☐
Levophed infusion	☐	☐	☐	☐	☐	☐
Epinephrine infusion	☐	☐	☐	☐	☐	☐
Ephedrine bolus	☐	☐	☐	☐	☐	☐
Neuromuscular blocking agents	☐	☐	☐	☐	☐	☐
Sedation agents	☐	☐	☐	☐	☐	☐
Rhythm control agents	☐	☐	☐	☐	☐	☐

Please tell us about your primary site of employment.

Hospital Name, City, State (provide below)

How many beds are in the unit in which you currently work?	1-5	☐	6-10	☐	11 or more	☐
Approximately how many hours per week are you working?	☐ 10-20	☐ 21-30	☐ 31-40	☐ 41-50	☐ 51-60	☐ > 60
How many beds are in the HOSPITAL in which you currently work?	☐ 1-50	☐ 51-100	☐ 101-150	☐ 151-200	☐ 201-250	☐ >250
Characterize your hospital	Rural	☐	Suburban	☐	Urban	☐

What trauma classification is the hospital where you are currently employed?	☐ Level I	☐ Level II	☐ Level III	☐ Level IV	☐ unclassified	
Type of ICU	☐ Open-heart recovery	☐ Neurologic	☐ Trauma	☐ Medical	☐ Surgical Pediatric	☐ Neonatal
Which ICU do you currently work in?						
How long have you worked in the critical care unit(s), after orientation prior to May 31 application deadline? Year(s)_____ Month(s)_____						
What shift do you work?	☐ Day	☐ Night	☐ Combination			
Have you applied to MTSA in the past?		☐ Yes	☐ No	Year		
Have you ever attended another nurse anesthesia program?		☐ Yes	☐ No			
Are you currently enrolled or plan to enroll in any courses prior to interview?		☐ Yes	☐ No			
If yes, please list course and name of institution.						
Has your employment at any organization ever voluntarily or involuntarily been relinquished, suspended, restricted, revoked or not renewed?		☐ Yes	☐ No			
Have you ever had any disciplinary issues during your employment at any organization?		☐ Yes	☐ No			
Have you ever been charged with or convicted of a criminal offense other than a minor traffic violation including those offenses that have been expunged?		☐ Yes	☐ No			

If yes, please provide an explanation.			
Have you ever abused drugs/ alcohol or been treated for dependency to alcohol or illegal chemical substances?	☐ Yes	☐ No	
If yes, provide an explanation.			
Have you ever been charged, arrested or convicted of driving under the influence of drugs/ alcohol including those offenses that have been explunged?	☐ Yes	☐ No	
If yes, please provide an explanation.			
Have you ever been dismissed from a clinical facility that is one of the MTSA clincial affiliates? (Please refer to MTSA student handbook, mtsa.edu.)	☐ Yes	☐ No	
Please attach completed form under "Other" field of your NursingCAS application documents. Be sure to refresh/ resubmit the application when the form is attached. Please contact: Admissions@mtsa.edu or lyndsey.steen@mtsa.edu with any questions. Admission's Office (615)732-7662			