

Commonly Asked Questions:

What class size will you be admitting each year? *Because of the increased interest in the program by clinical sites and students,, we are looking into the possibility of increasing our class size to approximately 20-22 students. This proposal is currently under review.*

What types of critical care experience is acceptable? *This is the definition of critical care experience from the Council on Accreditation of Nurse Anesthesia Educational Programs: Critical care experience - Critical care experience must be obtained in a critical care area within the United States, its territories or a US military hospital outside of the United States. During this experience, the registered professional nurse has developed critical decision making and psychomotor skills, competency in patient assessment, and the ability to use and interpret advanced monitoring techniques. A critical care area is defined as one where, on a routine basis, the registered professional nurse manages one or more of the following: invasive hemodynamic monitors (e.g., pulmonary artery, central venous pressure, and arterial catheters), cardiac assist devices, mechanical ventilation, and vasoactive infusions. Examples of critical care units may include but are not limited to: surgical intensive care, cardiothoracic intensive care, coronary intensive care, medical intensive care, pediatric intensive care, and neonatal intensive care. Those who have experiences in other areas may be considered provided they can demonstrate competence with managing unstable patients, invasive monitoring, ventilators, and critical care pharmacology.*

Council on Accreditation of Nurse Anesthesia Educational Programs, Standards for Accreditation of Nurse Anesthesia Programs - Practice Doctorate Editorial Revisions February 29, 2024 Page 36

<https://www.coacrna.org/wp-content/uploads/2024/03/Standards-for-Accreditation-of-Nurse-Anesthesia-Programs-Practice-Doctorate-editorial-rev-February-2024-1.pdf>

What steps can I take to improve my chances of getting into the program? *We get this question a lot. The duration and quality of your critical care experience is important. Also of significance is the correlation between a students performance in CRNA didactic courses and how well they have done in prior courses such as anatomy, physiology, pathophysiology and pharmacology. If you wish to brush up your profile, doing well in a recent graduate level course in any of these subjects may be helpful.*

Is the GRE required for application? *NO*

Does the timing of my critical care experience matter? *More recent critical care experience is preferable and could influence your acceptance into the program.*

What is the difference between DNAP and DNP and why did ISU choose DNAP? *The decision to move forward with a Doctor of Nurse Anesthesia Practice (DNAP) degree and program versus a Doctor of Nursing Practice (DNP) program was very carefully considered. Ultimately, the decision came down to accreditation. All nurse anesthesia programs in the United States (DNAP and DNP) must be accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). DNP programs must also be accredited by the (Commission on Collegiate Nursing Education (CCNE). Our DNAP program is*

structured to focus on the practice of anesthesia. We felt the DNAP degree would allow us additional freedom to focus courses on the anesthesia aspect of CRNA practice.

Is a DNAP considered a terminal degree for CRNAs? Yes! This is a highly debated topic among CRNA doctoral students. There are many doctoral programs and degrees and many doctoral titles and affiliations. For a Certified Registered Nurse Anesthesiologist (CRNA) who is focused on the practice and delivery of anesthesia, a DNAP is a terminal degree. The COA recognizes the DNAP degree as one of two doctoral degrees. A CRNA with a DNAP is qualified to teach in either a DNP or DNAP program doctoral level courses. There is no anesthesia program in the U.S. (that we are aware of) which would disqualify a CRNA from serving as an instructor or program director in any of the more than 120 anesthesia programs in the U.S. Should you choose to focus on research as a profession, a PhD is recommended and you should consider that option; however this would be an additional degree to the DNAP or DNP which you would need in order to practice as a CRNA. To practice as a CRNA the DNP and DNAP are the two degrees and programs recognized by the COA. See the following statement from the COA regarding doctoral preparation of CRNAs

“The COA has taken key steps in transitioning to doctoral level education for nurse anesthetists. These included notification to accredited programs that: (1) the COA will not consider any new master’s degree programs for accreditation beyond 2015; (2) students accepted into an accredited program on January 1, 2022 and thereafter must graduate with doctoral degrees; and (3) doctoral degrees will be required for the CRNA program administrators (program administrators and assistant administrators) in all doctoral programs by January 1, 2018. All degrees must be awarded by a college or university that is accredited by a nationally recognized institutional accreditor”. Council on Accreditation of Nurse Anesthesia Educational Programs, Standards for Accreditation of Nurse Anesthesia Programs - Practice Doctorate Editorial Revisions February 29, 2024 Page 48

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As a final note of consideration; there are some universities which prefer their faculty to have a DNP for a tenure track or for other reasons. As a student you should investigate this further if you feel it could be a factor in your decision making process.

Are CRNAs allowed to practice independently of a physician anesthesiologist? Yes and No. The answer to this question depends on your state laws and facility policies. There are currently 21 states and counting which are considered “opt out” states. Meaning these states have chosen to opt out of the medicare physician supervision requirement for medicare reimbursement. Idaho is an opt out state and almost all of Idaho’s rural and critical access hospitals are staffed by independent practicing CRNAs. Many larger facilities operate their anesthesia model in a team model consisting of physician anesthesiologists and CRNAs. The program at Idaho State University is geared towards the independent practicing CRNA.