

Commonly Asked Questions

What class size will you be admitting each year? *The 2025 cohort has been approved for a class size of 24. We anticipate increasing enrollment to as many as 30 students in future years of the program. Class size increases must receive prior approval from the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).*

What types of critical care experience is acceptable? *The COA gives the following definition of 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 critical care experience is important. Also of significance are the applicants cumulative GPA and more importantly their science GPA for the prerequisite courses listed on our webpage. There is a strong correlation between a student's performance in CRNA didactic courses and how well they have done in prior courses such as anatomy, physiology, pathophysiology and pharmacology. A minimum two years critical care experience and a science GPA of 3.5 or higher will strengthen a candidate's application and increase the likelihood of

receiving an invitation to interview for the program. Additional suggested steps to take if needed: re-taking science courses to replace a poor grade, doing well in a recent graduate level course in physiology or pathophysiology. We also highly recommend CCRN certification and participating in several CRNA shadow experiences prior to applying to the ISU DNAP program.

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 to develop a DNAP program? 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 CRNA program doctoral level course. 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. 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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What is meant by CRNA independent practice? *This is the ability to practice anesthesia care without the direct supervision of a physician anesthesiologist. Some facilities or states may require physician anesthesiologist “supervision” for medicare reimbursement or per facility regulations. 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 focused on preparing nurse anesthesia residents for a full scope of practice which will be utilized in both the independent practice and team settings during the nurse anesthesia clinical residency portion of the program.*

What is meant by CRNA full scope of practice? *This encompasses all aspects of anesthesia care: including patient assessment, anesthesia planning, administration of anesthesia, monitoring during procedures, managing pain and post anesthesia care.*

Please contact our department if you have any further questions about these statements or the program. crna@isu.edu