BOOST CRNA

CRNA Interview Prep Guide

40 interview questions by type, what each panel is really assessing, and how to answer.

CRNA interviews test judgment, self-awareness and clinical reasoning under pressure — not memorized scripts. This guide groups the questions by type, gives you a method and a frame for each type, and says what the committee is actually evaluating. Work from the frames and make every answer specific to you.

How to use this: for each type, read the approach and the frame first. Then practice each question out loud, ideally recorded, using a real story and real ICU specifics. Do not memorize — rehearse the structure.

Motivation questions

How to approach: Be specific and informed. Tie your answer to the actual role — autonomy, pharmacology, physiology, the OR environment — rather than to pay or prestige, and connect it to a moment on your own path. Generic passion is forgettable; a concrete reason is not.

Frame
"What draws me is [specific aspect of the role]. I first saw it when [your real experience], and it is why I have [shadowed / earned the CCRN / chosen this ICU]. This program in particular fits because…"

Why do you want to become a CRNA?
Foundational · Assessing: Genuine, specific motivation beyond pay or prestige.

Why anesthesia rather than another advanced-practice path?
Foundational · Assessing: Understanding of the role and a real comparison.

Why our program specifically?
Intermediate · Assessing: Fit, homework done, and realistic expectations.

Where do you see yourself in five years as a CRNA?
Foundational · Assessing: Direction and commitment to the profession.

What do you understand about CRNA scope of practice and current advocacy issues?
Advanced · Assessing: Professional awareness beyond the clinical role.

What will you do if you are not accepted this cycle?
Intermediate · Assessing: Resilience, self-awareness, and a real plan.

What questions do you have for us?
Foundational · Assessing: Engagement and genuine interest — always have two or three ready.

Behavioral questions

How to approach: Use STAR — Situation, Task, Action, Result — and keep it in the first person: what you did, not what the team did. Pick one real story with a clear outcome and a lesson. A real patient, a real conflict and a measurable result beat a polished generality every time.

Frame
"Situation: … Task: my responsibility was … Action: so I [specific actions] … Result: [what happened], and what I took from it was …"

Tell me about yourself.
Foundational · Assessing: A concise, relevant story that points toward anesthesia.

Tell me about a time you disagreed with a physician. How did you handle it?
Intermediate · Assessing: Advocacy and professionalism under hierarchy.

Describe a clinical mistake you made and what you learned.
Advanced · Assessing: Accountability and growth — not perfection.

Tell me about a time you advocated for a patient.
Foundational · Assessing: Patient-centeredness and initiative.

Give an example of working under intense pressure.
Intermediate · Assessing: Composure and prioritization.

Describe a conflict with a coworker and how you resolved it.
Intermediate · Assessing: Teamwork and emotional regulation.

Tell me about a time you had to learn something quickly.
Foundational · Assessing: Learning agility for a rigorous program.

Describe a time you received difficult feedback.
Intermediate · Assessing: Coachability and ego strength.

Tell me about a time you took initiative on your unit.
Foundational · Assessing: Leadership and ownership.

Emotional intelligence questions

How to approach: Show honest self-awareness and a real example. Owning a weakness or a mistake — and what changed afterward — is stronger than claiming you have none. Demonstrate you can regulate under pressure and support a team, without over-sharing or sounding rehearsed.

Frame
"I know I tend to [honest trait]. It showed up when [example]. What I have done about it is [concrete change], and now …"

What is your greatest weakness, and how are you working on it?
Foundational · Assessing: Self-awareness and a credible improvement plan.

How do you handle stress and avoid burnout?
Foundational · Assessing: Sustainable coping for a demanding program.

How do you respond when a colleague is struggling emotionally during a hard case?
Intermediate · Assessing: Empathy and team support.

How do you stay composed when an attending is visibly frustrated with you?
Intermediate · Assessing: Regulation, and not taking things personally.

Tell me about a time you had to deliver bad news to a family.
Advanced · Assessing: Communication and compassion under pressure.

How do you handle making an error that affected a patient?
Advanced · Assessing: Integrity, disclosure, and emotional maturity.

Situational questions

How to approach: Lead with patient safety and work within the chain of command. Show that you will speak up respectfully, prioritize under load, and call for help — and never proceed with an unaddressed safety concern. The panel is testing judgment and assertiveness, not whether you will go along.

Frame
"My priority is patient safety, so I would first [immediate safe action]. I would voice my concern to [provider or preceptor] using [clear, specific language]. If it was not resolved, I would escalate to …"

You disagree with the anesthesia plan a CRNA preceptor has chosen. What do you do?
Advanced · Assessing: Speaking up safely within the chain of command.

A surgeon asks you to proceed when you have a safety concern. How do you respond?
Advanced · Assessing: Patient-safety advocacy and assertiveness.

You are managing two unstable patients at once. Walk me through your approach.
Intermediate · Assessing: Prioritization, delegation, and calling for help.

A family member is angry about their loved one's care. How do you handle it?
Intermediate · Assessing: De-escalation and communication.

You realize mid-shift that you gave a medication in error. What are your next steps?
Advanced · Assessing: Honest escalation and patient-first action.

If you fell behind in this program, what would you do?
Foundational · Assessing: Help-seeking and self-management.

Clinical questions

How to approach: Show your reasoning, not just the answer. Walk the panel through how you think: assess, identify the likely cause, intervene, escalate. Use real specifics from your ICU — actual drips, doses, parameters — and stay clearly within the RN scope. Saying you would call the provider at the right moment is a strength.

Frame
"First I would assess [airway / perfusion / the monitor], because … The most likely causes here are X and Y. I would start with [specific first intervention] and a target of [number], while I [escalate or get help]. If it did not respond, I would …"

Walk me through how you would manage a patient who becomes acutely hypotensive.
Intermediate · Assessing: Structured assessment and intervention.

Explain the difference between a vasopressor and an inotrope, with examples.
Intermediate · Assessing: Pharmacology fundamentals.

What hemodynamic parameters do you monitor in a critically ill patient, and why?
Intermediate · Assessing: Understanding the reason behind the monitoring.

How would you recognize and manage a patient developing sepsis?
Intermediate · Assessing: Early recognition and bundle knowledge.

Describe your approach to a ventilated patient who is desaturating.
Advanced · Assessing: Systematic troubleshooting, airway first.

Explain acid-base balance and how you would interpret an ABG.
Advanced · Assessing: Physiology depth.

What is your experience titrating vasoactive drips? Give a specific example.
Foundational · Assessing: Hands-on critical-care experience.

How do you manage a patient with a potassium of 6.8?
Advanced · Assessing: Electrolyte emergencies and prioritization.

Talk me through caring for a fresh post-op cardiac surgery patient.
Advanced · Assessing: High-acuity reasoning and anticipation.

What does CO = HR x SV mean for managing a hypotensive patient?
Intermediate · Assessing: Applying physiology at the bedside.

How would you respond to a rapid response or a code?
Intermediate · Assessing: ACLS framework and composure.

Describe the most complex patient you have managed, and your role.
Foundational · Assessing: Depth and ownership of your ICU experience.

Take it further at boostcrna.com

This is the snapshot. The full question bank and scored practice — Ana asks follow-ups and rates your answer on content, structure, specificity and self-awareness — are in the Pre-Op app.

These reflect the question types CRNA panels commonly use and are not drawn from any single program's interview. General guidance, not program-specific advice.