



CRNA Interview Prep Guide

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

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

How to use this: For each type, read the approach and frame first. Then practice each question out loud — ideally recorded — using a real story or real ICU specifics. Don't 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), not to pay or prestige. Connect it to your own path: a moment or experience that pointed you toward anesthesia. Generic passion ('I love helping people') is forgettable; a concrete reason is memorable.

Frame

"What draws me is [specific aspect of the role]. I first saw it when [your real experience], and it's why I've [shadowing/CCRN/ICU choice]. 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 the CRNA scope of practice and current advocacy issues?

Advanced · Assessing: Professional awareness beyond the clinical role.

What will you do if you aren't 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 2-3 ready.

Behavioral questions

How to approach: Use STAR — Situation, Task, Action, Result — and keep it in the first person: what YOU did, not what 'we' did. Pick one real story with a clear outcome and, ideally, a lesson. Specifics (a real patient, a real conflict, 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, communication, and professionalism under hierarchy.

Describe a clinical mistake you made and what you learned.

Advanced · Assessing: Accountability, honesty, 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've 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 you'll speak up respectfully, prioritize under load, and call for help when needed — never proceed with an unaddressed safety concern. The panel is testing judgment and assertiveness, not whether you'll 'go along.'

Frame

"My priority is patient safety, so I'd first [immediate safe action]. I'd voice my concern to [provider/preceptor] using [clear, specific language]. If it wasn't resolved, I'd escalate to..."

You disagree with the anesthesia plan a CRNA preceptor has chosen. What do you do?

Advanced · Assessing: Speaking up safely within the team and 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're overwhelmed with 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 you gave a medication 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 appropriately. Use real specifics from your ICU (actual drips, doses, parameters, outcomes) and stay clearly within the RN scope — recognize and escalate, don't 'practice medicine.' Saying 'I'd call the provider' at the right moment is a strength, not a weakness.

Frame

"First I'd assess [airway/perfusion/the monitor], because... The most likely causes here are X and Y. I'd start with [specific first intervention] and a target of [number], while I [escalate/get help]. If it didn't respond, I'd..."

Walk me through how you'd 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 'why' behind monitoring.

How would you recognize and manage a patient developing sepsis?

Intermediate · Assessing: Early recognition and bundle knowledge.

Describe your approach to a patient on mechanical ventilation who is desaturating.

Advanced · Assessing: Systematic troubleshooting (DOPES/airway-first).

Explain the basics of acid-base balance and how you'd 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 $CO = HR \times SV$ mean for managing a hypotensive patient?

Intermediate · Assessing: Applying physiology to the bedside.

How would you respond to a patient in a rapid-response/code situation?

Intermediate · Assessing: ACLS framework and composure.

Describe the most complex patient you've managed and your role.

Foundational · Assessing: Depth and ownership of your ICU experience.

Take it further at boostcrna.com. This is the snapshot — the live, personalized version (program directory, fit & odds, GPA & candidacy tools, and adaptive mock interviews with Ana) lives in the Pre-Op app. Browse the full question bank and get scored practice with Coach and Ana.

Questions reflect common CRNA-interview categories and are not drawn from any single program. Prepared by Boost CRNA · boostcrna.com · Updated June 2026.