

Nurse Anesthetist

Interview by Melissa Hartman

Faresha Sims, CRNA, DNAP Johns Hopkins Hospital

When Faresha Sims entered college, she planned to enroll in medical school and pursue an M.D. degree. However, personal factors led her to consider nursing instead. Today, as a nurse anesthetist with a Doctorate of Nurse Anesthesia Practice (DNAP), Sims works closely with anesthesiologists in the operating room and elsewhere to provide vital patient care.



When did you become interested in nursing as a career?

Immediately before I went to college, my father had a massive stroke and my mom quit work to care for him at home. I needed to help her as much as possible, which meant traveling an hour and a half each way every weekend to help her care for my dad. He was also a dialysis patient, so I spent part of each weekend with him at the dialysis clinic. My life became all about studying, traveling between

home and school, and helping my mom with my dad.

I was a biology major at Tougaloo College in Jackson, Mississippi, and had planned to enter medical school after graduation, but I began to wonder if there might be a career path that would allow me more time with my family. I definitely knew I wanted to help people, because I enjoyed helping my father. I was also drawn to healthcare. When my advisor mentioned nursing, it felt right.

When you switched from pre-med to pursue nursing, did that entail a change in your major?

No. I completed my biology degree, and then I enrolled in the nursing program at University of Mississippi ("Ole Miss"). I had taken the two years of prerequisite courses while completing my biology degree, so the nursing program took two years to complete. Ultimately I finished with two bachelor's degrees: a B.S. from Tougaloo and a B.S.N. from the University of Mississippi.

When did you decide to specialize in anesthesiology?

Within a few weeks of graduating, I passed my nursing board exams. I worked as a nurse at Baptist Hospital in

Jackson, Mississippi, for about 18 months and then did some travel nursing for another six months.

When I was in nursing school, the chief nurse anesthetist at the University of Mississippi Medical Center visited to talk to our cohort about opportunities in that field. After that brief introduction, I did some further research and I became very interested. However, it was a while before I pursued it.

You trained to become a Certified Registered Nurse Anesthetist (CRNA) and decided to pursue your Doctor of Nurse Anesthesia Practice (DNAP) concurrently. Is this typical?

I went to Virginia Commonwealth University for my nurse anesthesia degree, and they had a program that allowed students who maintained a certain GPA in the master's degree program to simultaneously enroll in the doctoral program. At that time, I had the choice. Now, however, the professional standards are changing so that all CRNA programs will be required to replace their master's programs with doctoral programs by 2025.

What is the training like in CRNA programs? Is it mostly in the classroom, or do you also get clinical experience?

You get both, though programs vary in how they are organized. Some provide all of the classroom-based work first and then the clinical opportunities, while other programs offer both simultaneously. My program intermingled the two types of learning experiences.

How is a nurse anesthetist different from an anesthesiologist?

A nurse anesthetist has an educational background in nursing, while an anesthesiologist has an educational background in medicine. Both require specialized post-graduate training in anesthesiology, with the nurse anesthetist pursuing the CRNA/DNAP and the anesthesiologist completing a hospital-based residency following medical school. Though both



are involved in administering anesthesia, their differential training can result in different responsibilities in a given hospital setting.

Do CRNAs have autonomy in making patient care decisions?

It depends on where they work. Regulations are state-based, and the rules are established by hospitals. Currently, there are several states in the U.S. that allow for the independent practice of CRNAs. The CRNAs at Johns Hopkins Hospital are part of a team that includes an anesthesiologist.

What is a typical day like for you?

It's important for people interested in becoming a nurse anesthetist to know that they should be an early bird. I generally arrive at work by 6:30 or earlier to prepare for my first patient. The anesthesiologist and I talk to the patient to find out his or her medical history as it pertains to anesthesia before they go into the operating room.

My first case of the day usually begins at 7:30 a.m., and from there we proceed case by case for the rest of the day. Some complicated surgeries may go on for as long as 12 to 14 hours, in which case it's up to the anesthesiologist and the nurse anesthetist to provide the patient with anesthesia for the duration of the surgery.

Do you work in a specific department with a certain kind of surgeon?

No, I can be assigned to any surgical case with two exceptions: CRNAs at Johns Hopkins don't typically work on open-heart surgery cases

or with women who are delivering babies. But the types of cases CRNAs work on are unique to specific institutions. In my training, we did work on open-heart surgeries, but it's up to the hospital to determine their own policies.

Are different kinds of anesthesia necessary for particular procedures?

Yes, the nature of the surgery does factor into decisions about the anesthesia used, as does the kind of patient. For example, my anesthesia plan would be different for someone who's 20 or 30 years old than it would be for someone who's 80 years old and having the same procedure.

What do you like most about your job?

I like that I can help people. In my experience, people are fearful of surgery and anesthesia. When I meet patients, I have an opportunity to make them feel comfortable, reassured, and cared about. I'm able to be there for them in a time of need. It's a privilege.

What do you find to be most challenging about your job?

Obtaining the education and training to become a CRNA was the most challenging.

What qualities do you think are most important to be successful in your career?

Determination, integrity, empathy, and a commitment to excellence are important qualities to possess if you want to be great in this profession. ■

What Nurse Anesthetists do

Certified Registered Nurse Anesthetists (CRNAs) are trained to deliver local, regional, and general anesthesia and have expertise in administering pain management. They collaborate with other healthcare professionals, including surgeons, physicians, and dentists.

Where they work

CRNAs work in healthcare settings that include hospitals, ambulatory surgical centers, and the offices of podiatrists, plastic surgeons, ophthalmologists, dentists, and pain management specialists. They are also employed by government agencies such as the U.S. military, Department of Veterans Affairs, and Public Health Services.

Education required

Nurse anesthetists must earn an undergraduate or graduate degree in nursing or a related field; obtain licensure as a Registered Nurse (R.N.); work for at least a year as an R.N. in a critical care setting (e.g., ICU); earn a graduate degree from an accredited program; and pass a national certification exam. The educational requirements for this specialty are changing, so that by 2025 nurse anesthetists will be required to earn a Doctor of Nurse Anesthesia Practice (DNAP). However, those who become CRNAs before 2025 will be "grandfathered" in with their master's degree and will not be required to obtain a doctorate to practice.

Salary range

According to the Bureau of Labor Statistics, the 2016 median annual salary for nurse anesthetists was \$160,270.

Learn more

American Association of Nurse Anesthetists (AANA)
aana.com

American Nurses Association
nursingworld.org