



QUARTER ONE 2023 / VOLUME 32 / NUMBER 01

HOME SLEEP TESTING

to Monitor OSA Treatment Progress



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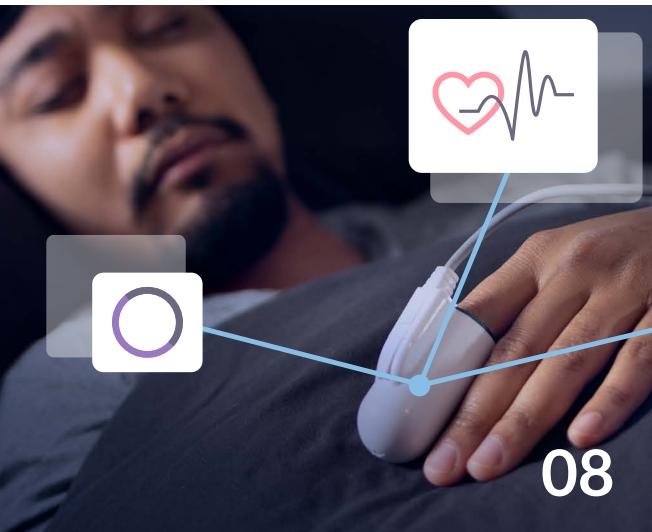
Implementing an Apprentice Program

Sleep Disorders Specialty (SDS) Credential

From AAST

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By Regina Patrick, RPSGT, RST

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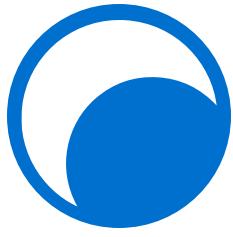
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AAST THANKS ITS PRESTIGE PARTNERS





From AAST

Check Out AAST's New Website

AAST just launched its [new website!](#) It's now even easier to find your favorite education resources and products while discovering some exciting new ones at the same time. With sleeker navigation and newly curated content, we hope you love it as much as we do.

What's New?

Besides its brand-new look, the AAST website has changed to improve your experience and how you interact with AAST content. This includes:

- **An easier, faster and more intuitive navigation.** We have simplified all things navigation. Use the Learning Center's new search filters to quickly look for continuing education credit (CEC) opportunities, access the pages you need by using the drop-down menus or apply for new jobs in the Career Center with just one click. No matter what you want to do, it just got easier.

- **A centralized place for sleep content.** With the launch of the new website, we also launched *The Sleep Scene* – our new content hub! The articles and *A₂Zzz* magazines you know and love are all now located on one, centralized microsite with an easy-to-use navigation and in-depth search feature. View the new content hub [here](#).
- **Mobile friendly usage.** You can access your favorite content and education whenever and wherever you want with the optimized mobile-friendly website. Regardless of the device you are using, AAST is now more accessible than ever.

Existing Members Take Action

If you haven't already, you will need to reset your password upon [logging into the membership portal](#) on the new website in order to retain access to your AAST account.





President's Message

Kicking Off 2023 With a Bang

By Laree J. Fordyce, RPSGT, RST, CCRP, CCSH, FAAST

Happy New Year! Thanks to all of you, 2022 was another great year for AAST filled with networking opportunities, new education offerings and in-person events. While it will be a hard year to top, I am excited for what is to come in 2023.

While it is only the first quarter of the new year, AAST has kicked off 2023 with a bang. In February, we rolled out a new [corporate website](#) and [learning management system](#). Additionally, we launched [The Sleep Scene](#), a content hub for all of the association's publications, including articles and A₂Zzz magazines. All three websites feature easy, fast and intuitive navigations and are mobile friendly, allowing users to access their favorite content and education while on the go. If you have not checked out the

new websites yet, I highly encourage you to do so so that you become accustomed to where your go-to resources are now located.

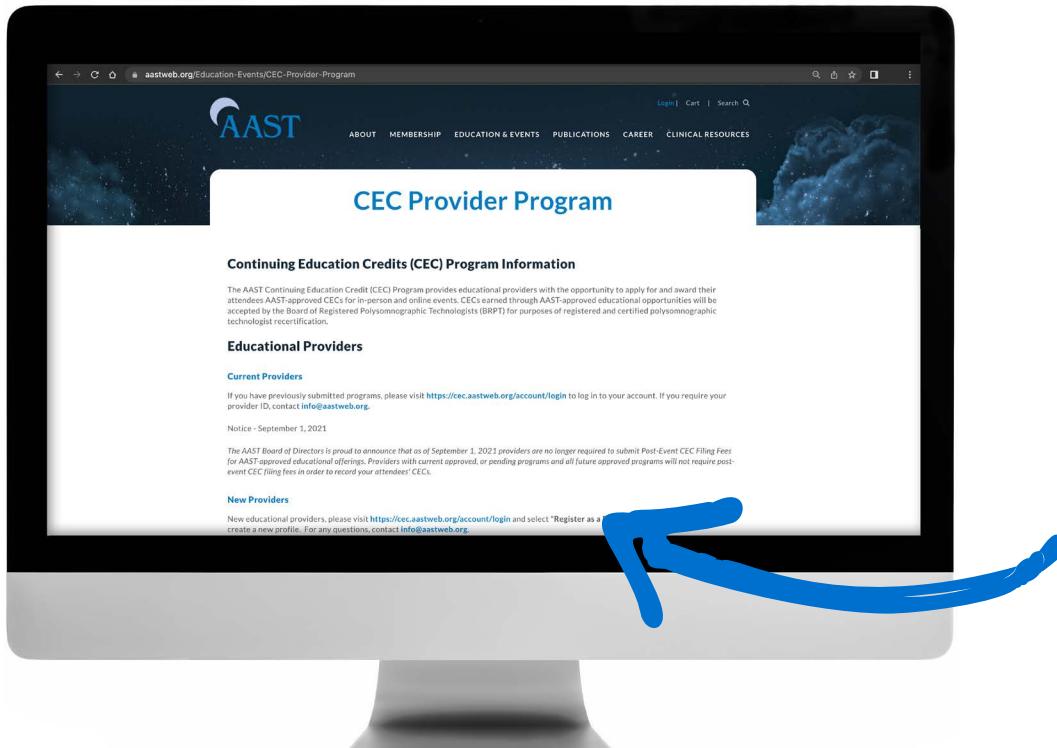
I am also happy to share that we will be hosting in-person Certification in Clinical Sleep Health (CCSH) workshops again this year. Details about the workshops can be found on the [CCSH Workshops webpage](#). Watch for emails throughout the year for more details.

Speaking of AAST education, I would like to remind everyone of the AAST Continuing Education Credit (CEC) Program. The program provides educational providers and sleep center managers the opportunity to apply for and award AAST CECs to

students and participants of educational offerings with an approval process through the AAST Continuing Education Accreditation Committee. Additional program details can be found on page 15.

Lastly, if you have not renewed your membership for 2023, I encourage you to do so. Similarly, if you know a fellow sleep-care professional who is not a member of AAST yet, I encourage you to invite them to join. Details about membership, including the member-exclusive benefit of 20 free CECs, can be found on the [Join or Renew page](#) of the website.

I hope you all have a great rest of your winter season and get to enjoy the warmer days of spring as it begins to approach.



Learn about the CEC program online or on page 15.

Instructions for Earning Credit

AAST members who read *A₂Zzz* and claim their credits online by the deadline can earn 2.00 AAST Continuing Education Credits (CECs) per issue, for up to 8.00 AAST CECs per year. AAST CECs are accepted by the Board of Registered Polysomnographic Technologists (BRPT) and the American Board of Sleep Medicine (ABSM).

To earn AAST CECs, carefully read the entirety of the Q1 issue of *A₂Zzz* and claim your credits online in the Learning Center. You must go online to claim your credits by the deadline of **June 30, 2023**. After the successful completion of the learning assessment, your certificate will be available in the My CEC Portal acknowledging the credits earned.

COST

The *A₂Zzz* continuing education credit offering is an exclusive learning opportunity for AAST members only and is a free benefit of membership.

STATEMENT OF APPROVAL

This activity has been planned and implemented by the AAST Board of Directors to meet the educational needs of sleep-care professionals. AAST CECs are accepted by the Board of Registered Polysomnographic Technologists (BRPT) and the American Board of Sleep Medicine (ABSM). Individuals should only claim credit for the issues they read in full and evaluate for this educational activity.

STATEMENT OF EDUCATIONAL PURPOSE & OVERALL EDUCATIONAL OBJECTIVES

A₂Zzz provides current sleep-related information that is relevant to sleep-care professionals. The magazine also informs readers about recent and upcoming activities of AAST. *A₂Zzz* should benefit readers in their practice of sleep or in their management and administration of a sleep disorders center.

READERS OF *A₂ZZZ* SHOULD BE ABLE TO DO THE FOLLOWING:

- Analyze articles for information that improves their understanding of sleep, sleep disorders, sleep studies and treatment options
- Interpret this information to determine how it relates to the practice of sleep care and medicine
- Decide how this information can improve the techniques and procedures that are used to evaluate sleep disorders patients and treatments
- Apply this knowledge in the practice of sleep care and medicine

You must go online to claim your CECs by the deadline of **June 30, 2023**.

The screenshot shows the AAST Learning Center interface. At the top, there are six circular icons representing different learning modules: MODULES (document icon), WEBINARS (video camera icon), WORKBOOKS & EBOOKS (book icon), MEMBER FREE CECs (shield icon), BUNDLES (book stack icon), and PRACTICE EXAMS (document icon). Below these are three search filters: 'Search by Category' (set to 'ANY'), 'Search by Type' (set to 'ANY'), and 'Search by Keyword' (set to 'keywords'). A blue arrow points from the bottom left towards the 'Recommended for You' section. This section displays a card for 'A₂Zzz Q1 2023/ Volume 32/ Number 1'. The card includes the title, a 'Includes Credits' link, an 'OVERVIEW' link, a preview image of the magazine cover, and a 'VIEW' button. The overall background of the website features a dark blue theme with a starry nebula pattern.

HOME SLEEP TESTING

to Monitor OSA
Treatment Progress



An estimated 23 million people in the United States have obstructive sleep apnea (OSA) and an estimated 82% of people with OSA are undiagnosed.¹ Some factors that may contribute to a lack of diagnosis are financial issues (e.g., a person's insurance may be unwilling to pay for a sleep study), physical difficulties (e.g., quadriplegia, mental or communication problems) and lack of access to a sleep center (e.g., the person lives in a rural setting or has transportation issues). To counteract these problems, the development of a device that would allow people to undergo a sleep study in their homes (i.e., home sleep testing [HST]) and allow more people to be diagnosed and treated more cost-effectively would be ideal. To this end, various HST devices have been developed as an alternative for screening people for OSA. Much research has focused on the use and efficacy of HST devices as a screening tool for OSA.^{2,3} However, in recent years, scientists have begun investigating the use of HST for the long-term follow-up of patients treated with non-continuous positive airway pressure (non-CPAP) therapy for OSA — in particular, hypoglossal nerve stimulation.

In OSA, upper airway muscles relax excessively during sleep, which allows structures supported by them to collapse into and block (i.e., obstruct) the upper airway. This restricts airflow and decreases the amount of oxygen in the blood. To compensate for the reduced oxygenation, a person makes increasingly strong efforts to breathe. When the oxygen level falls to a certain point, the respiratory center in

the brain triggers a brief arousal (lasting for a few seconds) during which the upper airway muscle tone is restored and the person is able to take some deep, quick breaths. Once the blood oxygen level is restored, the person resumes sleep, which sets the stage for another apnea event.

A physician who suspects a patient has OSA may refer the person to a sleep center for a polysomnographic (PSG) study. In a PSG study, sensors are applied to record a patient's brainwaves, nasal and oral airflow, thoracic effort, heart rhythm, leg movements and blood oxygen saturation. If the diagnostic study reveals sleep apnea, the person may then

For many patients, subsequent visits to a sleep center can be problematic.

undergo another PSG study, which involves a trial of continuous or bilevel positive airway pressure (CPAP or BPAP, respectively) treatment in which pressurized air is applied to the upper airway through a facial or orofacial mask to prevent upper airway collapse. During the CPAP/BPAP treatment PSG study, the pressure is slowly increased (i.e., titrated) to the level that prevents apnea events.

After the titration study, a person comes to a sleep center at regular intervals for a retitration study to determine whether the pressure is effectively preventing apnea episodes or whether the pressure needs adjusting. For many patients, subsequent visits to a sleep center can be problematic because this requires taking days off of work or school, sleeping in a strange bed and environment, and experiencing discomfort because of the sensors.

In addition, some patients are not compliant with positive airway pressure (PAP) treatment because of discomfort with the pressure or mask or feeling constricted (e.g., unable to sleep on stomach) or claustrophobic when wearing the mask. In this situation, a patient may seek non-PAP therapy. One such therapy is hypoglossal nerve stimulation. In this therapy, the hypoglossal nerve (i.e., cranial nerve XII) is stimulated during an OSA episode. The stimulation flattens and protrudes the tongue forward thereby opening the airway and preventing OSA.

Early animal studies⁴⁻⁶ revealed that stimulation of the hypoglossal nerve could protrude the tongue and that long-term stimulation did not damage the nerve. These findings gave scientists the hope of using hypoglossal nerve stimulation to treat OSA.

In 2001, Schwartz and colleagues⁷ were the first team to report successfully using hypoglossal nerve stimulation to prevent OSA in humans. Until this point, scientists knew that hypoglossal nerve stimulation could briefly relieve upper airway collapsibility but whether this action could be used to treat OSA was unknown.⁴⁻⁶ In their study, Schwartz implanted patients with OSA with a novel device (Inspire I Stimulating System; Medtronic Inc, Minneapolis, Minnesota). The device consisted of an intrathoracic pressure sensor (to sense when an apnea was occurring, based on thoracic movements), a programmable pulse-generating system (to apply a pulse on inspirations during an apnea event) and a stimulating electrode (to relay the signal from the pulse generator to the hypoglossal nerve). The patient's hypoglossal nerve was stimulated. Patients used a remote device to turn on the hypoglossal nerve stimulator at bedtime to initiate treatment and to turn it off in the morning.

Schwartz assessed the patients' sleep and breathing patterns pre- and post-implantation at one month, three months, six months and 11 months. They found that unilateral hypoglossal nerve stimulation reduced the apnea-hypopnea index by 58%, rapid eye movement (REM) sleep by 65% (with a trend toward greater amount of the deeper stages of non-REM sleep) and the severity of desaturations. All patients tolerated long-term nocturnal stimulation, and none experienced adverse effects from the nerve stimulation (e.g., tongue deviation,



atrophy or hypertrophy; pain; numbness; inflammation; or alterations in speech and swallowing).

In 2004, Penzel et al.⁸ described a novel ambulatory monitoring system, which combined peripheral artery tomography (PAT), oximetry and wrist actigraphy (i.e., WatchPAT) to noninvasively detect sleep apnea and arousals. PAT is used to measure arterial pulse volume changes in the finger. Extending from the watch-like component was a wire that connected to a finger sensor that detected oxygen saturation and another wire that connected to a finger sensor that detected vascular tone, which is influenced by blood pressure, peripheral vascular resistance, blood volume in the finger and activation of the autonomic nervous system (which regulates involuntary physiologic processes such as heart rate, blood pressure and respiration). (In later versions of the WatchPAT, one finger probe is used that records blood oxygen saturation and PAT data. The WatchPAT data are ultimately transmitted to a webserver and can be downloaded by a physician for review.)

In their study, patients with suspected OSA were recorded simultaneously via PSG and WatchPAT. The WatchPAT device reliably detected apneas and hypopneas and it was very sensitive in detecting arousals. Penzel concluded that continuous monitoring of autonomous nervous functions during sleep could be used for diagnostic purposes.

The findings of later WatchPAT studies supported their findings. For example,



Choi et al.³ demonstrated good agreement and a high (94%) correlation in the apnea-hypopnea index (AHI) and lowest oxygen saturation, and a significantly high concordance in the severity of AHI between PSG and WatchPAT. Zhang and colleagues⁹ similarly found a significant (93%) correlation in the AHI between the two methods; WatchPAT diagnosing rate was 93% with a sensitivity of 94.7% (i.e., true-positive result) and a specificity of 80.0% (true-negative result). Zhang noted that, at lower AHI levels, WatchPAT tended to overestimate disease severity and, at higher AHI levels, it tended to underestimate disease severity; nevertheless, they suggested it was a reliable ambulatory method for detecting OSA.

As a diagnostic tool, HST seems to be effective. However, whether the same is true for patients undergoing follow-up studies after OSA treatment such as hypoglossal nerve stimulation is not fully clear and has recently begun to be investigated. Some findings have been encouraging. Steffan and colleagues¹⁰ investigated whether using HST for the initial OSA evaluation and then follow-up HST studies at five months, 12 months and 24 months would be similar to the results obtained when using follow-up PSG studies at the six-, 12- and 24-month evaluations in patients implanted with a hypoglossal nerve stimulator. They compared two groups of patients: those who were followed with HST after implantation and those who were followed with PSG after implantation. They found no significant differences between the two groups at two months and beyond. The subjective and objective treatment outcomes and compliance were comparable, whether in the short-term follow-up (i.e., six months) or in long-term follow-up (i.e., one year and two years).

With the advent of increasing use of HST devices, the American Academy of Sleep Medicine¹¹ has made the following recommendations regarding HST:

- PSG or home sleep apnea testing with a technically adequate device can be used for the diagnosis of OSA in uncomplicated adult patients presenting with signs and symptoms that indicate an increased risk of moderate to severe OSA.
- If a single home sleep apnea test (HSAT) is negative, inconclusive or technically inadequate, then a PSG study should be performed to determine a diagnosis of OSA.
- Clinical tools, questionnaires and prediction algorithms should not be used to diagnose OSA in adults without PSG or HST.
- PSG rather than HSAT should be used for the diagnosis of OSA in patients with significant complications such as cardiorespiratory disease, potential respiratory muscle weakness due to neuromuscular condition, awake hypoventilation or suspicion of sleep-related hypoventilation, chronic opioid medication use, history of stroke or severe insomnia.

HST has several advantages, including the ability to be performed in the comfort of a patient's home environment and it is less expensive than traditional PSG. However, HST has limits. While it is more effective as a screening test for OSA but not for other sleep disorders such as periodic leg movement disorder (PLMD) and it is not currently recommended for all patients (e.g., patients with central and mixed apneas, patients who are unable to operate the remote, patients with implantable devices that may interfere with the HST device or vice versa). For now, research continues to determine how to best utilize HST to make sleep testing more available to patients and more effective for follow-up. 

*HST has limits
such as it is more
effective as a
screening test
for OSA but
not for other
sleep disorders.*



REGINA PATRICK has been in the sleep field for more than 30 years. She is also a freelance writer/editor.

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Purchase *A Technologist's Guide to Performing Sleep Studies* eBook in the AAST Learning Center

Case Study: Implementing an Apprentice Program at the Sleep Lab

By Don Gorsegner, RPSGT, RST

Back in the fall of 2005, I was new to the sleep medicine field. After spending 10 years working for police and fire departments, I was searching for an avenue into nursing within emergency medicine. Through this avenue, I found my way into a loosely formed apprentice program at a local sleep laboratory.

My thinking at the time was that a lab technologist in sleep medicine would be a stepping stone. In those days, the sleep lab coordinator, who worked collecting studies in the sleep lab, was tasked with training the apprentices. There were no training outlines, no syllabus and no online courses or guides to be followed. We studied the R&K Manual, "Principles of Polysomnography" by Spriggs and "Atlas of Clinical Polysomnography" by Butkov. The sleep lab coordinator would demonstrate the tasks to be learned and we would follow his instructions. Through a hands-on approach, we learned how to set up and conduct the ordered sleep studies. We also learned through trial and error how to fix any challenges that occurred during the night.

In those early years, I struggled to get my two assigned patients set up for their ordered sleep studies. Measuring for the international 10/20 system and applying the electroencephalogram (EEG) sensors were challenging enough, add to that electrocardiogram (EKG) sensors, leg leads, respiratory inductive plethysmography (RIP) belts, cannulas and the pulse oximeter. And who can forget impedance values, needing to have those down to the company prescribed levels. If a positive airway pressure (PAP) device was to be added for either a titration or a split, there was yet another stressor on the two hours of available time allotted to set up the patients.

With the passing of time, opportunities have arisen availing me to slowly transition into a position that regularly trains apprentices in polysomnography. The once fledgling program at my lab has now grown into what would be expected from an apprentice program.

You may be asking yourself a few questions by now. What does an apprentice program actually look like? Isn't that something that the trade unions do? Doesn't Mike Rowe talk about them on the television show Dirty Jobs? The answer is yes, Mike Rowe does talk about apprenticeships and that trades have used apprentice programs successfully for years. Looking to the website cefcolorado.org:

- "Apprenticeship programs are designed to teach skills that are required for a particular trade."
- Employers sponsor their entry-level employees and an apprenticeship after they complete an introductory phase to determine if the employee wants to continue their career in the industry.
- Apprentices typically work for their employer at the jobsite during the day and attend classes in the evenings. The apprentice will participate in classroom sessions as well as work alongside a skilled tradesperson on their way to earning a certificate of completion or a license in their chosen skilled trade."

One challenging observation my sleep lab colleagues at NorthStar Medical Specialties and I have come to realize, however, is that the future needs of our sleep lab staffing will not be met through formal college programs. If anything, we've learned that college-credentialed technologists may have the educational background, yet they come to the workplace needing additional training in the skills required in the sleep laboratory. This startling observation was confirmed while I was discussing the observation with a lab technologist in another state. He has been working in a sleep lab witnessing the same challenge also. It is my opinion that the future staffing needs in sleep labs will be regularly met with those trained through apprentice programs.

An Overview of Our Program

Typically, NorthStar's program brings on two apprentices at a time that work as a team with the sleep lab coordinator. The first three months comprise of the following:

- Learning to set up the associated sensors for a polysomnogram
- Operating the software for the collection of the assigned study
- Continuous positive airway pressure (CPAP) equipment selection, application and operation
- Scoring of sleep studies

We utilize the American Academy of Sleep Medicine (AASM)'s A-Step program, along with assigned readings from numerous

The future needs of our sleep lab staffing will not be met through formal college programs.

sources. Benchmarks for training have been established, the first and most challenging would be the apprentices successfully setting up and implementing two sleep studies within two and a half hours. Two benchmarks are more predictable. The apprentices will be able to earn their certification and registration according to the requirements of the Board of Registered Polysomnographic Technologists (BRPT).

What We've Seen

Over the years, we have found training our apprentices has benefitted our sleep lab greatly. By the time an apprentice earns their certification in polysomnography, the relationship with the apprentice has changed to that of mentor/mentee. Each individual apprentice shows areas of strength, which benefits overall sleep lab operations.

We also find our scoring to be more consistent with our doctor of sleep medicine's scoring. When the time comes for the apprentice, who has earned their necessary credentials, to move on to another lab, future networking is established, benefitting both labs.

Challenges

Our biggest challenge in conducting the apprenticeship program is simply the hours of operation. Permanently working 12-hour night shifts is not a simple task for someone used to daytime hours. The isolation from daytime operation has presented challenges where the new employee does not feel as if they are a part of the company.

Although improvements have been made, recruitment process continues to be a challenge. We keep close ties with our human resources director to maintain open communication about the selection of personnel. This has eliminated the pressure to fill

positions. Our mentality changed from filling a vacant slot to finding the right person for the program. This new mindset provides better opportunities for the successful completion of the program.

Moving forward, we have future growth plans for our apprentice program. The successful training of future technicians will not only benefit our sleep lab but the sleep labs of other entities. 



DON GORSEGNER is the sleep laboratory coordinator at NorthStar Medical Specialists in

Bellingham, Washington. His career in sleep medicine started in 2005 as an apprentice with NorthStar, having progressed to his current position.

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Who We Are

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- Committed to assuring that approved programs meet requirements essential to maintaining and increasing a sleep professional's knowledge and skills in the rapidly evolving sleep field
- The CEC Accreditation Committee reviews educational applications for live, in-person events and online/e-Learning educational formats for AAST-CECs
- CECs earned through AAST-approved educational opportunities will be accepted by the Board of Registered Polysomnographic Technologists (BRPT) for RPSGT, CPSGT and CCSH recertification
- Educational Providers who submit a program for review can take advantage of highlighting their approved educational programs on the AAST CEC Calendar, which reaches 2,500+ Members
- Attendees, both AAST members and Non-Members, can claim their official AAST Continuing Education Credit Certificate through the AAST site



Everything You Wanted to Know About the SDS Credential

By Laura McFarland, BS, RRT-SDS, RPSGT

A Bit of History

Respiratory disorders have been recognized for centuries with the creation of oxygen cylinders in 1868, and the first documented acute care use of oxygen in 1885.¹ The earliest respiratory care education programs began in the 1940s² and by 1960, the growing field of “inhalation therapists” necessitated the formation of a formal credentialing organization (now known as the National Board for Respiratory Care [NBRC]). With nearly 25,000 candidates tested each year, the organization has become a leader in industry credentialing, and every state which regulates the practice of respiratory care recognizes NBRC credentials for state licensure.

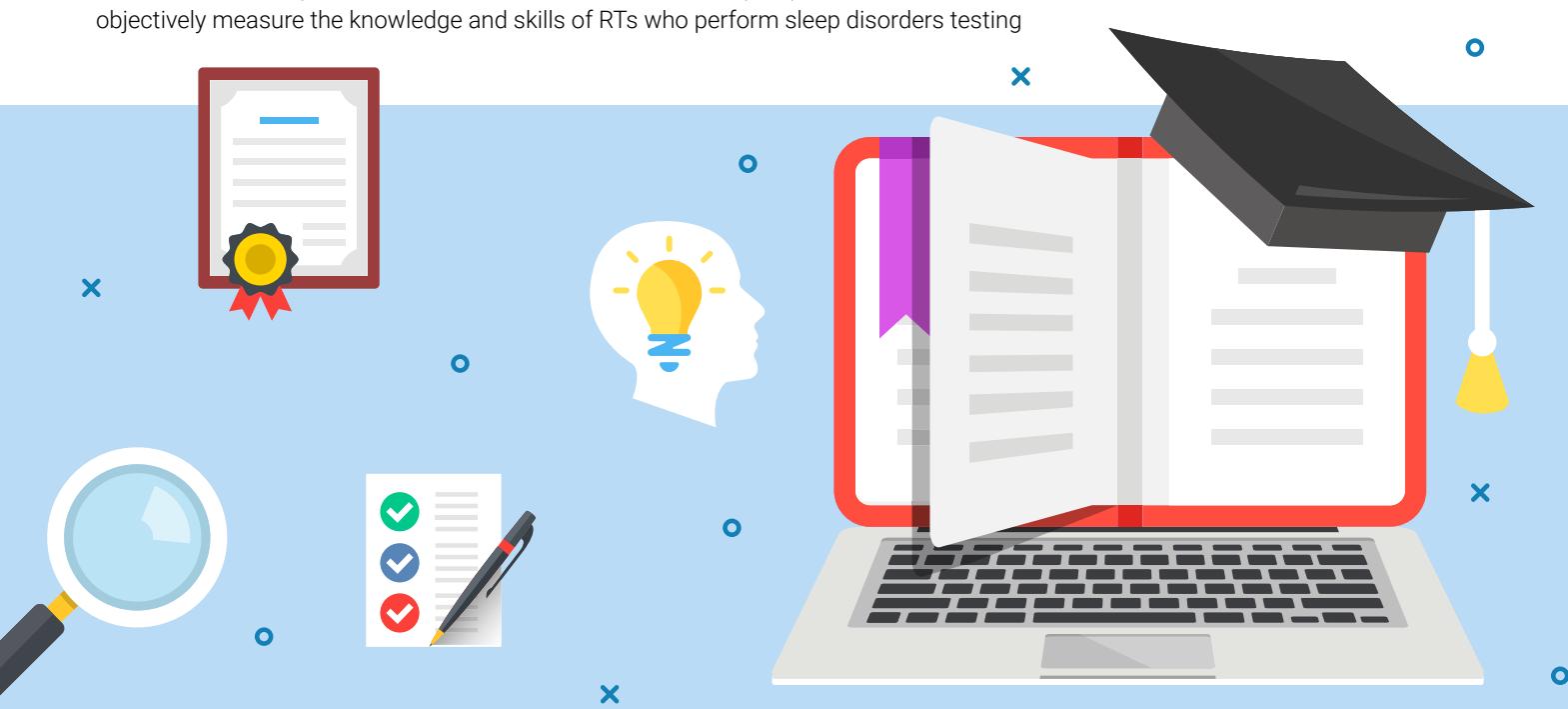
As with other health care professions, such as nursing, respiratory therapists (RTs) have been recruited into specialty areas in and out of the hospital setting where their skills and knowledge are valuable. RTs have branched out further than the pulmonary function lab and can be found caring for home ventilator patients, leading a pulmonary rehab program or even running an extracorporeal membrane oxygenation (ECMO) machine. With the push to increase efficiencies in modern health care, sleep labs have emerged from RT departments hoping to utilize their existing staff while offering a new service to the community.

As the sleep medicine field expanded in the early 2000s, RTs already on the front lines in hospitals were tapped to fill these roles. In 2006, the American Association for Respiratory Care (AARC) responded to their members entering the field of sleep medicine by submitting a formal request (with support from the American Thoracic Society [ATS], the American College of Chest Physicians [CHEST] and the American Society of Anesthesiologists [ASA]) to the NBRC for the development of a specialty credential, ultimately known as the Sleep Disorders Specialist (SDS).³ The new exam would objectively measure the knowledge and skills of RTs who perform sleep disorders testing

and therapeutic intervention, while keeping all credentials under the NBRC umbrella. This would ensure RTs could display proficiency in multiple specialty areas (adult critical care, neonatal/pediatrics, sleep disorders specialist and asthma educator) within one organization and credential maintenance program.

Exam Development

Over the past 60 years, the NBRC has perfected a system of exam development, which is recognized as a standard in the industry, and the process used to develop the SDS credential. The proven five-step process begins with a request from an outside agency for the development of an examination, continues through a viability study to ensure a desire for the credential exists, moves on to a personnel study to assess candidate volumes and uniform practice and then moves on to a job analysis (JA) to ensure exam content is relevant to current practice. Each part of



this process is carefully completed in a stepwise approach to ensure a high-quality exam, which is predictive of job performance.

Once it was determined an SDS examination would proceed through the development process, the NBRC assembled an examination committee of subject matter experts. The committee was comprised of both credentialed RTs and physicians working in the respective field who met regularly to develop examination content. The examination content was developed by item writers, reviewed by the examination committee – at least twice – and finally added as pre-test items on test forms (not counting toward final scores) to ensure items performed well.

This input has assisted in shaping the future of the SDS exam by ensuring a broad, comprehensive perspective from RTs and sleep technologists.

Ensuring Relevance

To ensure SDS examination content remains relevant to current practice, a new JA is completed. This JA forms a detailed content outline, which guides the test form developed by the examination committee.

In 2021, the SDS JA survey containing more than 250 individual tasks from five content areas was disseminated to over 5,000 individuals from five professional organizations. Responses were received from sleep professionals working in hospitals, independent labs, durable medical equipment (DME) companies, clinics and peri-operative programs in multiple countries.

Responses were analyzed across multiple areas, including geographical region, job role, work setting, lab size and number/type of studies performed, years of experience, educational degree, credentials, gender and race. An opportunity for additional free text responses was also included. This analysis ensured exams were free from bias and encompassed content that was critical to job performance.

More than 98% of respondents indicated the tasks surveyed adequately covered the five content domains (pretesting, sleep disorders testing, study analysis, administrative functions and treatment plan). Over half of the respondents indicated they work in areas other than direct sleep disorders testing revealing the continual evolution of sleep medicine.

During the 2021 SDS JA, AAST graciously forwarded the NBRC questionnaire to its membership resulting in over 140 completed responses. This input has assisted in shaping the future of the SDS exam by ensuring a broad, comprehensive perspective from RTs and sleep technologists working in the trenches of sleep medicine.

Exam Requirements

Admission requirements for the SDS exam take into account the clinical experience and baseline knowledge of sleep disorders included in RT educational programs. A registered respiratory therapist (RRT) with three months of work experience and a certified respiratory therapist (CRT) with six months of experience can apply to sit for the SDS exam. Exam fees are \$300 for new applicants and \$250 for reapplicants. RTs planning

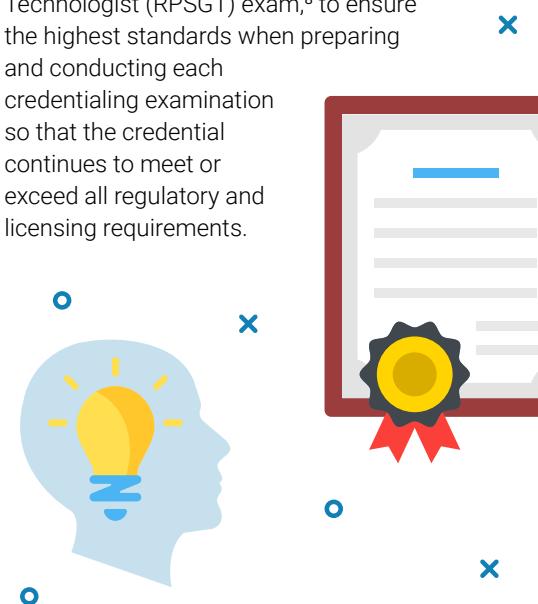
to sit for the SDS exam are strongly encouraged to assess their readiness by completing the practice and self-assessment exams available online.

Credential Maintenance

The NBRC invested in the formation of a credential maintenance program (CMP) patterned after physician programs such as the MOCA Minute for anesthesiologists.⁴ Since 2020, this online program has allowed RTs to display continuing competence through completion of quarterly, practice-related questions centered on areas that are high risk and/or high pace of change. The CMP for the SDS credential requires the completion of five online questions per quarter, is included in the \$25 annual NBRC maintenance fee (\$125 total for the five year renewal period) and replaces the need to earn and track continuing education units (CEUs).⁵

Reliability

The NBRC strives to have the SDS as the preferred credential for RTs working in the field of sleep medicine. Endorsed as the main scoring technologist for American Academy of Sleep Medicine (AASM) sleep lab accreditation,⁶ and included on Centers for Medicare and Medicaid Services (CMS) local coverage determinations related to sleep testing,⁷ the SDS will continue to signify excellence in the field of sleep medicine. The SDS is also accredited by the National Commission for Certifying Agencies (NCCA), the same accrediting body for the Registered Polysomnographic Technologist (RPSGT) exam,⁸ to ensure the highest standards when preparing and conducting each credentialing examination so that the credential continues to meet or exceed all regulatory and licensing requirements.



RTs wishing to learn more about the SDS credential are encouraged to explore the resources on the NBRC website.³



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medicine while partnering with her husband on their farming operation near Princeton, Minnesota.

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