

CE Program Advisory Committee Meeting Polysomnographic Technology

April 4, 2022 Zoom Virtual Meeting Room Meeting Convened at 4:02 p.m. Meeting Adjourned at 5:32 p.m. Facilitator: Daniel Goya-Lane

COMMITTEE MEMBERS

Fernando Aguirre, Polysomnographic Technologist, Sleep Diagnostic Center of Orange County Jennifer Elias, RPSGT, CHOC Gary Feldman, Medical Director, Pediatric Sleep Division, Long Beach Memorial &

Ocean Sleep Center, Irvine

Jeannette Garcia,

Supervisor of Diagnostic Services, CHOC Linnea Hirn, Accounts Relations Manager, Newport Health Network

Brian Phipps, Manager, Sleep Disorders Center, Providence St. Joseph's Hospital

Paul Tripoli, Clinical Director, Sleep Disorder Center, Santa Maria & Central Coast Otolaryngology

EX-OFFICIO

Christiaan Desmond, Dean, Consumer Health and Sciences Elaine Devlin.

K14 Career Pathways Coordinator, Career Education, OCC Daniel Goya-Lane, Program Director, OCC Caryn Plum, Allied Health Counselor, OCC

Alexia Wood, Allied Health Assistant, OCC

ADVISORY COMMITTEE MEETING SUMMARY

1. Welcome & Introductions

- Committee members introduced themselves and confirmed their respective titles and roles at their respective companies.
- Daniel Goya-Lane reviewed the role and responsibilities of advisory meetings as follows:
 - Review and access the structure, program-level outcomes and curriculum of the Polysomnographic Technology Program;
 - Ratify and recommend changes to program structure, PSLOs and curriculum so that the program and curriculum align to stated occupational outcomes and industry needs and requirements.
 - Make recommendations for program improvement.

2. Review and Reaffirmation of Existing Certificates and Degrees

- The advisors reviewed and reaffirmed the existing program and degree:
 - Polysomnographic Technology, Associates in Science Degree

3. Program Outcome Data

- Review and ratification of Program Level Outcomes (PLOs)
 - O The committee reviewed the following PLO and changed the old PLOs that read: Polysomnographic technologists use sleep technology as part of a team, under the general supervision of a licensed physician, by applying a unique body of knowledge and methodological skills involving the education, evaluation, treatment, and follow-up of sleep disorders in patients of all ages. The polysomnographic technologist performs polysomnography and tests such as the Multiple Sleep latency Test,

- Maintenance of Wakefulness Test, Actigraphy and others used by a physician to diagnose and treat sleep disorders.
- The changed and ratified PLOs are: The outcome of the program is to prepare students as competent Polysomnographic Technologists providing methodological skills involving the education, evaluation, treatment, and follow-up of sleep disorders in patients of all ages.

Licensure/certification exam pass rates:

Program	Exam	Institution Set Standard (%)	Pass Rate (%)				
			2016 - 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021
Polysomnography: BRPT	National Board	70%	NA	77%	80%	100%	86%

4. Review and Ratification of Last Advisory Committee Recommendations

- Last Meeting Date: May 10, 2021
- Reviewed and ratified notes from last committee meeting.
- Reviewed progress of recommendations:
 - Full time PSG director hired August 2021
 - o Pediatric Sleep Medicine class developed and incorporated into the program
 - o All NDT classes removed from the program
 - o Increased clinical hours for PSG A 175 Clinic II to a total of 144 hours
 - o PSG now takes a new cohort every fall.

5. New Curriculum and/or Program Proposals

- The committee wants to move forward with the online Certificate of Achievement program. The committee recommends the program structure as follows:
 - 30 units online (see the attachment labeled Polysomnography Certificate of Achievement)
 - o Curriculum to make students eligible to sit for the RPSGT credentialing exam at the end of the program.
- The committee supports the Bachelor of Polysomnography and Sleep Science proposal.
 - It would be completely online.
 - o It would be the only bachelor's degree in the United States in Polysomnography.
- Going to add ISR (Inter-Scorer Reliability) curriculum developed by the American Academy of Sleep Medicine into current classwork.
 - o It is currently free curriculum developed for colleges.
 - o Students will be exposed to ISR before they are out working in the field.
 - There may be a cost after June of 2023.

6. Work-Based Learning Opportunities

- Overview of existing work-based learning elements of program and gaps or needs
 - Increased clinical hours
 - Encouraging students to get state license when they are ready to graduate
 - o There needs to be a more defined career path for sleep technologists.
 - Additional education, soft skills, and critical thinking skills, as well as adaptability, are areas of opportunity to help prepare sleep technologists for the new career paths developing.
- Advisor recommendations and referrals for new internships or apprenticeship opportunities

7. Industry Update & Employment Trends

- Discuss the Workforce Summit of April 2, 2022
- American Association of Sleep Technologists (AAST) Workforce Survey led to the AAST Summit where:
 - o 30 Participants at the Summit discussed four main topics:
 - Advancement of HSAT

- Advancement of Artificial Intelligence (AI) and its role in sleep medicine
- Advancement of Education
- Changes in the Workforce
- Emerging technologies and industry developments impacting instructional programs
 - Takeaways from Summit:
 - Increase in home testing (AAST, AASM, BRPT)
 - Increase in virtual care (AAST, AASM, BRPT)
 - Need for increased critical thinking/ problem solving
 - Skill Sets (AAST, AASM, BRPT)
 - Large number of sleep technologists in the field for greater than 20 years (AAST, AASM, BRPT)
 - Educational level of the sleep technologist (AAST, AASM, BRPT)
 - The program is sleep medicine, not just Obstructive Sleep Apnea (OSA) medicine
 - Need the robust data in EEG
 - Other sleep disorders
 - Awareness of OSA
 - o CPAP not going anywhere
 - Al can screen, diagnose, and treat patients, and Al is evolving and advancing in ways that can greatly impact patients' ability to get treated in a timely manner.
 - Wearable technology is advancing
 - Al for scoring is coming
 - o Overnight lab becoming expensive and insurance reimbursement declining
 - o Patients with Medical Comorbidities, Aging patients, and needing close monitoring
- *Industry* hiring practices and trends
 - The greatest growth for sleep technology is in home sleep technology, virtual care, and telehealth.
 - Home Sleep Apnea Test (HSAT), Artificial Intelligence (AI), and remote PAP titration and management are the future of healthcare delivery.
 - Aging sleep technologists will be leaving the field, and the industry needs replacements. 27% of sleep techs leaving the field in the next 5 years.
 - Need for technology, virtual care, critical thinking, clinical coordinators, patient/care team education, community education, mentors/advisors, legal thinkers, change agents, and innovators
 - Specialized populations will need hands-on management
 - Pediatrics
 - Geriatrics
 - Complex pulmonary/cardiac patients

8. Summary of Committee Recommendations

- Reaffirmed the existing program certificate and degree
 - Polysomnographic Technology, Associates in Science Degree
- New or Revised Curriculum/Classes or Program Structure
 - The committee recommends the new Certificate of Achievement fully online program as there is a huge need for it to give access to the training in remote areas.
 - The committee supports the Bachelor of Polysomnography and Sleep Science proposal as well, and recommends pursuing approval of those programs.
 - The committee supports adding ISR (Inter Scoring Reliability) material into current classwork. It is currently free material.
- New Equipment/Technology
 - The committee supports the purchase of End-tidal cardon dioxide (ETCO2) units and equipment to support the pediatric class teaching next semester.
 - Feel free to give recommendations of equipment.
 - Monies to replenish supplies needed for the program.
 - The committee supports future monies to support ISR curriculum when that curriculum begins to require a fee.

• Other recommendations for program improvement

9.

Closing Remarks
Your input is always appreciated! Thank you for your time.