MONTANA SLEEP SOCIETY • SLEEP SEMINAR 2026

Building an Accredited Sleep Technology Education Program

Lessons learned from creating an A-STEP program from the ground up

Nate Coombs, RPSGT

Registered Polysomnographic Technologist • A-STEP Program Developer

September 2026

Conflict of Interest Disclosures for Speakers

****Please DO NOT edit this slide****

Based upon your submitted disclosure information, the AASM will provide you a finalized slide prior to the live event

REQUIRED FOR CME

Learning Objectives

Upon completion of this course, attendees should be able to…

- Recognize when an internal A-STEP pipeline is the right workforce intervention for a lab network.
- Explain AASM's A-STEP standards, including the 80-hour structure, faculty roles, and required documentation.
- Design an A-STEP curriculum: modules, pacing, and assessments for a mixed-background cohort.
- Identify common pitfalls in LMS selection, marketing, and instructor workload and how to avoid them.

ABOUT THE SPEAKER

14 years in sleep medicine

RPSGT

Registered Polysomnographic Technologist

Clinical breadth

In-lab PSG, HST scoring, and clinic-facing roles

Educator

Developed and taught an A-STEP accredited program

Mentor

Coaching new technologists into clinical readiness

Why I'm here

I built an A-STEP program because waiting for applicants was no longer working.

Today I’m sharing the wins, the mistakes, and one student’s path from banking to RPSGT on her first attempt.

ROADMAP

Six chapters in the next hour

1 **The Problem**

Why we needed a pipeline

2 **Accreditation**

AASM A-STEP standards

3 **Curriculum**

Building the 80 hours

4 **Delivery**

Classroom, clinical, and LMS

5 **Launch**

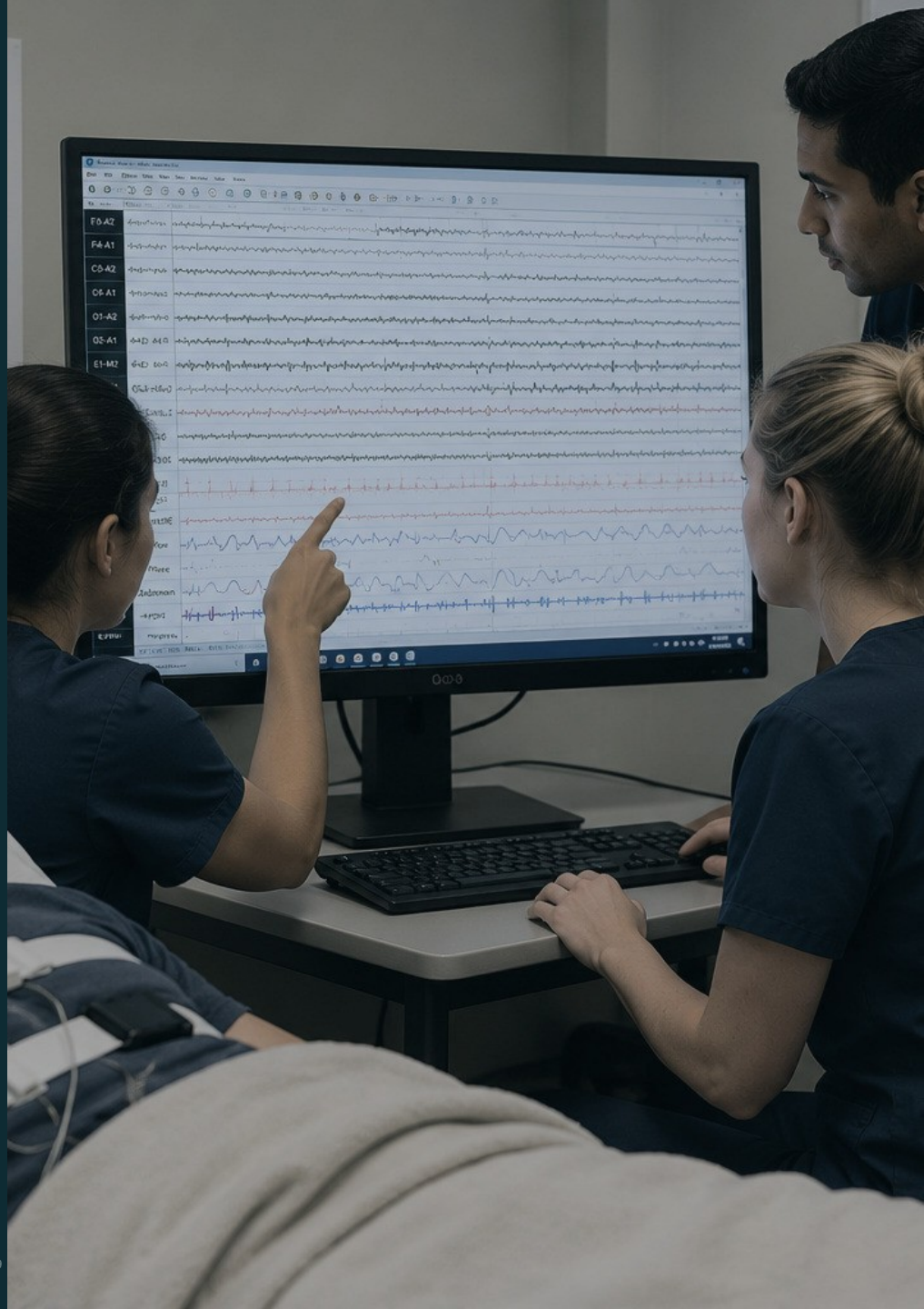
Marketing and recruiting

6 **Outcomes & Lessons**

Results and what I'd change

The Workforce Problem

Why we couldn't recruit our way out of this.



THE PROBLEM

The math that forced our hand

5

sleep labs

in the physician's regional network

2

technologists

on staff to cover them all

3 hrs

drive time

to the most distant satellite lab

Heavy

reliance

on travelers and overtime to stay open

THE PROBLEM

Recruiting alone wasn't going to fix this

WHAT WE TRIED

- Job boards
- Recruiter contracts + bonuses
- Premium-rate travelers
- Extra shifts for existing techs

WHAT WE LEARNED

- Trained PSG techs weren't in-market
- Bonuses moved techs between labs
- Travelers were only a stopgap
- Burnout outpaced hiring

We needed a pipeline, not better postings.

How I pitched A-STEP to leadership

STEP 01

Frame the problem

Quantify open shifts, closed beds, and lost volume.

STEP 02

Propose the pipeline

Define the 80-hour course, clinical pathway, and competency plan.

STEP 03

Prove the ROI

Compare one cohort with a year of traveler and overtime spend.

“Don't sell education. Sell the staffing problem you're going to solve.”

Accreditation

What AASM actually requires — and where the paperwork lives.



ACCREDITATION

A-STEP at a glance

80 hrs	Part I didactic + practical instruction
8 wks	Preferred completion window
15 hrs	Maximum online didactic portion
2 yrs	Accreditation term once granted

Two-part structure

Part I • Introductory Course

80-hour didactic + practical instruction at an approved site or partner classroom.

Part II • Online Self-Study Modules

Open after passing the final exam; required to complete A-STEP.

Eligibility: Provider must be affiliated with an AASM-accredited Sleep Facility. Training may be delivered there, or in combination with an academic institution.

Source: AASM A-STEP Standards

ACCREDITATION

Required faculty roles and credentials

Program Director	**RST, RPSGT or BCSS**	Manages the 80-hour course.
Clinical Director	**BCSS**	Provides clinical context; may also serve as Program Director.
Technical Director	**RST, RPSGT**	Teaches practical and didactic sleep tech skills; may also serve as Program Director.
Instructors	**Approved by Program Director**	Adds instruction as needed.

Source: AASM A-STEP Standards

ACCREDITATION

What the 80 hours must cover

FOUNDATIONS

- History of sleep medicine & sleep disorders
- Role of the sleep technologist
- Core anatomy: nervous, respiratory, skeletal & cardiovascular systems

PATIENT CARE & SAFETY

- Infection control, fall precautions & emergencies
- Patient history, communication & challenging patients
- Confidentiality, informed consent & HIPAA

PROCEDURES & EQUIPMENT

- Adult/pediatric intake + PSG & HSAT setup
- Recording, diagnostic & treatment equipment + electrical safety
- MSLT & MWT procedures

SCORING & THERAPY

- Sleep staging & polysomnographic event detection
- Positive airway pressure therapy
- Supplemental O_2 & nocturnal ventilation

Source: AASM A-STEP Standards

ACCREDITATION

Where the paperwork lives

Admissions

HS diploma/GED, application, and selection criteria.

Student handbook

Attendance, grading, remediation, professionalism, and grievances.

Competency tools

Skills checklists, midpoint review, and final assessments.

Surveys

Student feedback on course effectiveness and career readiness.

Records retention

Keep tests, skills, surveys, attendance, and grades 2 years past expiration.

Resource library

Core references: ICSD, AASM Scoring Manual, AASM Clinical Practice Guidelines, CPR/BLS.

Source: AASM A-STEP Standards

What I learned from my first submission

1	**Revision round.**	Revision feedback is normal. Respond methodically.
2	**Review for content, then again for consistency.**	Cross-check wording, dates, and definitions.
3	**Date and version everything.**	Label each document so the current copy is obvious.
4	**Build the resource library before you submit.**	Required references should be ready before review.

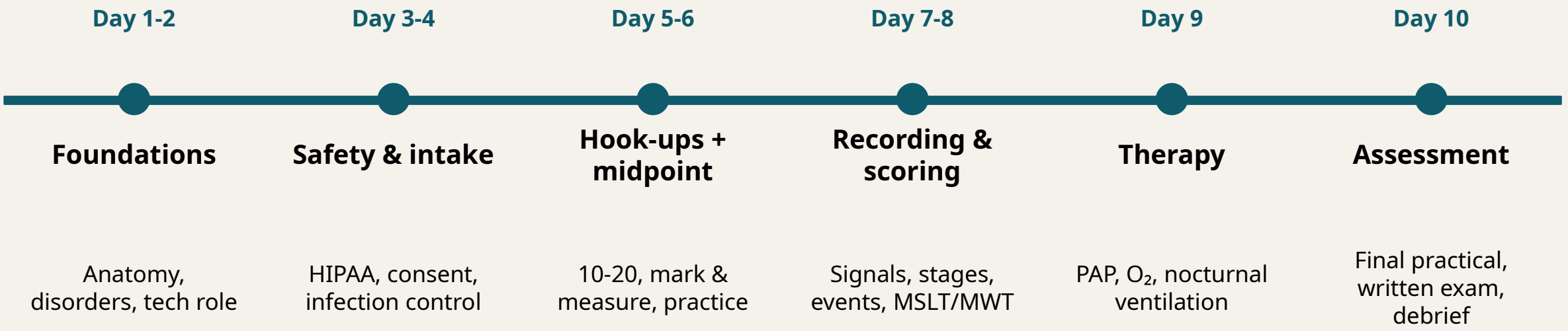
Building the Curriculum

From AASM domains to a working schedule.



CURRICULUM

The original 10-day schedule



Honest read: 10 days worked, but it was intense. I'd keep the same 80 hours and spread them across a 14-calendar-day model, with a pause after Day 6 for tutoring and consolidation.

CURRICULUM

Teaching to mixed backgrounds without losing either side

THE CHALLENGE

One cohort. Very different starting points:

- Clinical staff with healthcare experience
- Career changers with no medical background
- Recent grads exploring sleep medicine
- Different learning styles and confidence levels

THE APPROACH

Layer the same topic at multiple depths:

- Start with plain language
- Add clinical depth as needed
- Use real PSG examples as the bridge
- Invite questions without judgment
- Pair students across experience levels

CURRICULUM

Learning environment: classroom and clinical

CLASSROOM SETUP

Dedicated room

AV, whiteboard, reliable internet.

Hands-on practice

Mannequin heads and repeated hook-up reps.

Standardized kits

Same mark-and-measure process for every student.

Resource library

AASM texts, scoring manual, guidelines, BLS/CPR.

CLINICAL IMMERSION

Same PSG systems

Train on the software used on the job.

Structured lab time

Hook-ups, troubleshooting, basic scoring.

Safety culture

Infection control, patient respect, signal integrity.

Faculty coverage

Right-size faculty support for hands-on practice.

LMS, Marketing & Burnout

The three things I underestimated most.

DELIVERY

The LMS story: what I'd choose instead

WHAT WENT WRONG

- Designed for semester-style courses
- Too much setup for simple quizzes
- Formatting and plugins ate prep time
- Navigation added student friction
- Course format and platform did not fit

WHAT I'D CHOOSE NEXT TIME

- Match the tool to a short intensive
- Prioritize simple setup and navigation
- Pilot one week before committing
- Use it for quizzes, attendance, and resources
- Keep online delivery within AASM's 15-hour cap

Source: AASM A-STEP Standards

DELIVERY

Marketing: I learned this from scratch

> ***"If we build it, students will come."***
>
> That assumption was wrong. Pipeline building is active, not passive.

01

Hospitals & RT depts

Visit in person. Explain the role and career path.

02

Community colleges

Brief advisors. Career changers ask them first.

03

High schools & tech programs

Plant the idea before a 4-year path.

04

Be honest about the role

Night shifts, pay range, clinical hours, time commitment.

DELIVERY

Wearing too many hats and what to protect

Curriculum | **Accreditation** | **Logistics** | **Teaching** | **Clinical shifts**

One person carried the system.

PROTECT THE STRUCTURE

Protected development time

Co-instructor or guest faculty support

Materials ready before launch

Capacity checks before burnout

Sustainable structure beats heroics

Outcomes

What the program actually produced.



OUTCOMES

Results that justified everything that came before

100%

Pass rate

Across cohorts on the A-STEP course assessment

✓

AASM accredited

A-STEP accreditation successfully achieved

✓

Clinical hours

Completed by first-cohort lead student before sitting RPSGT

1st try

RPSGT pass

First-cohort graduate passed RPSGT on her first attempt

OUTCOMES

From banking to RPSGT — one student's path

1	Day 1	**Career changer**	Banking background. Zero medical exposure.
2	Mid-course	**Hands-on competence**	Full PSG hook-ups, including seizure montage.
3	End of course	**Diagnostic literacy**	Stages, respiratory events, and PLMS.
4	Post-course	**Paid clinicals**	Hired to complete required clinical hours.
5	Credentialing	**RPSGT, first attempt**	Passed first try. Full-time technologist.

LESSONS

Four things I'd tell my past self

	DO	AVOID
1	Right-sized LMS	Platform chosen by habit
2	Active recruitment	Build-it-and-they'll-come thinking
3	Protected development time	One-person heroics
4	Mixed-background design	Teaching to the middle

LESSONS

Where I think A-STEP goes next

Rural impact

Grow technologists where hiring pools are thin.

College partnerships

Widen the applicant pool with community college pathways.

Hybrid delivery

Use approved online hours plus in-person demonstrations.

Health system pipelines

Rotate cohorts across regional labs.

THE TAKEAWAY

You don't have to wait for applicants.

You can build your own A-STEP pipeline.

QUESTIONS

Accreditation. Curriculum. LMS. Marketing. Staffing. The day-to-day.

Ask anything — including the stuff I didn't put on a slide.

Nate Coombs, RPSGT • Montana Sleep Society Sleep Seminar 2026