LE CERTIFICAT INTERNATIONAL EN MÉDECINE DE L'ADDICTION (SIMA - Soc Intern Med Add)

…une décénie d'expérience

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ISAM

www.isamweb.org

CHRONOLOGIE DE L'EXAMEN (a)

1983: The California Society (CSAM) sponsors first association's certification

1986: The American Society (ASAM), the first national examination

1993: The American Academy of Addiction Psychiatry (AAAP), the first subspecialty examination under the auspices of the American Boards

2009: The American Board of Addiction Medicine (ABAM)

The criteria of eligibility limit their access to candidates within North America. Those certifications are valid for 10 years.

1999: ISAM's mission to promote an international agenda includes:

- advancing the knowledge about addiction seen as a treatable disease,
- developing educational activities, including consensus guidelines &
- advocating for the major role physicians play in its management as well as **enhancing the credibility of their role**.

CHRONOLOGIE DE L'EXAMEN (b)

2003: In Amsterdam, the Board of ISAM set the goals of an international certification, i.e., to meet the needs of an international membership of physicians eager for affordable, valid, and comparable credentialing.

An **Editorial Board** is composed of 10 senior clinician members of ISAM from 7 countries and is joined by an expert in examination psychometrics (C.V.).

❖ISAM recognizes three (3) **US multi-authored textbooks** as a repository of current knowledge, i.e.

- ASAM's - *Principles of Addiction Medicine IV Ed.*
- Galanter & Kleber - *Substance Abuse Treatment IV Ed.*
- Lowinson et al - *Substance Abuse, A Comprehensive Textbook IV Ed.*

We add a leading single-authored *Guide to Treatment* from the UK *(Ghodse),* plus DSM & ICD classifications & select positions

LISTE DE SUJETS ET QUESTIONS

	CONTENT AREAS	# OF QUESTIONS (2011)
I.	Definitions & Core Concepts, Basic Sciences Incl. Neurobiology, Epidemiology & Pharmacology	40
II.	Diagnosis, Assessment & Early Intervention Incl. Prevention & Family	10
III.	Intoxication & Withdrawal	12
IV.	Treatment incl Linkages, Pharmacological Interventions (Opioid..),Behavior Interventions, Family, 12-Step/Spirituality	65
V.	Workplace Issues/Physician Health	10
VI.	Physical Disorders & Complications	27
VII.	Psychiatric Comorbidities & Complications	24
VIII.	Pain and Addiction	12
IX.	Children and Adolescents	15
X.	Behavior Addictions	10

Sélection Des Questions à Choix Multiples (225 QCMs)

A test of KNOWLEDGE with several clinical vignettes & a number of questions/topic reflective of coverage in textbooks

- Four options for each MCQ
- Emphasis on culture-neutrality, if possible
- Epidemiological data from WHO & UNODC, less national
- Legislation questions from International Conventions

To renew the pool from Sept 2006 on, 25 “Dummy” questions were added for psychometric testing and formed the basis of new yearly questions.

The current exam is in 2 parts with an allowed duration of 2:15 hours each.

Niveaux de Performance Minimas (MPL)

Boards need to determine which candidates are qualified to attain certification (pass or fail).

Most rely on expert judgment employing the empirical Nedelsky procedure based on minimum performance levels (MPL).

"The MPL is the value ranging between 0.25 and 1.0 which reflects the probability that even a *minimally competent* candidate can answer this item correctly. An MPL of 0.25 indicates a very difficult item with an MPL of 1.0 reflecting an easy one." The total test score MPL is the sum of each item MPL.

Ex: Which of the following signs and symptoms of alcohol withdrawal could be of help to differentiate withdrawal from signs and symptoms of pregnancy? (stem)

a.	**Nausea and vomiting**	**(distracter)**	**MPLs: a= 1**
b.	**Hypertension**	**(distracter)**	**b=.75**
c.	**Tachycardia**	**(distracter)**	**c=.75**
d.	**Tremors**	**(key)**	**d= ***

The following formula is then applied:

$$MPL = \frac{1}{O_p - \sum P_D,o} = \frac{1}{4 - 2.50} = .67$$

where

O_p = number of options in the item

P_D = probability that a minimally knowledgeable candidate can eliminate that option as incorrect

MPL = minimum performance level for that item

Analyses Psychométriques

Statistiques de Fidélité et Descriptives

N = first 65 candidates

The total test reliability is good (alpha = .84), with the subtest reliabilities ranging from .83 to .48

All the reliabilities are in the adequate to good range.

The subscale scores all have adequate dispersion with the overall mean = 71.87% and a range of 48-92% (SD = 12.25).

Subtests	Alpha reliability	Min	Max	Mean	SD
Definitions	.83	51.11	93.33	75.73	10.58
Diagnosis	.66	25.00	100.00	74.68	17.53
Intoxication	.59	33.33	100.00	73.44	12.93
Treatment	.62	43.10	92.00	69.48	11.21
Workplace	.56	45.45	100.00	74.07	13.16
Medical Complications	.70	36.67	90.00	69.68	11.98
Psychiatry	.63	35.00	95.00	71.52	13.76
Pain & Addiction	.57	21.43	92.86	57.85	19.38
Children & Adolescence	.48	42.86	100.00	72.71	11.31
Behavioral Addictions	.51	.00	100.00	60.67	26.67
Total Test	**.84**	**48.00**	**92.00**	**71.87**	**12.25**

ANALYSE DES QUESTIONS

Difficulty of the item (P) - % of people who got the item correct.

Item discrimination (D) - “discriminates” between high test & low test scorers.

Distracter effectiveness - the ability of distracters in attracting responses. A distracter that attracts no response is not effective. How many selected it?

These data were used to rework items prior to another administration. Following the first exam set of 200, 9 questions were dropped and new ones added from the pool, 36 others had their MLP readjusted, “raising the bar”.

CRITÈRES D'ADMISSION

- Graduation from a medical school recognized by the WHO
  - Avicenna /Copenhagen

- Valid license to practice medicine from a national/regional jurisdiction.

- Good standing in medical community: 3 letters of recommendation, from *physicians* knowing the applicant for at least 2 years.

- Letter of reference from at least one current ISAM member.

- Documented substantial portion of medical practice over a 3- year continuous period in the addiction field.

- Peer-Supported Evidence of Continuing Education (conferences, workshops, courses, etc) over the past 3 years

The above criteria seem to be within the reach of all applicants.

FRAIS

An international money order payable to the *International Society of Addiction Medicine* for $700 US (non-ISAM members), $600 US (ISAM members), $625 US (Affiliate Societies members) is forwarded, along with the application.

Since 2005, the examination has been held 11 times for 89 applications (+ 2012 = 13). Practitioners from Canada (20 candidates), Egypt (37 candidates), and Saudi Arabia (22 candidates) have formed the bulk of the applicants so far. Candidates from Hong Kong, Iceland, Iran, Kuwait, Turkey, UK & Vietnam have also challenged the examination. The overall pass rate is 75% so far.

UNE DÉCÉNIE D'EXPERIENCE (a)

- Canadian Society (CSAM) recognizes both ASAM and ISAM certificates as equivalent
- Egypt: the ISAM certification is recognized by the Ministry of Health as a professional qualifier
- The examination is available to NIDA's International Fellows training in the US at CPDD meetings (Saudi Arabia, Vietnam, Ukraine)
- Substance Abuse 32(2):77-83, 2011 with Betty Ford Foundation commentary

A dialogue is ongoing, in Europe, to use the certification as adjunct to local diplomas.

1. An **International Certification Examination is possible!** The process is slowly gaining credibility, with enquiries from other regions. Local leadership support is critical.

2. **The questions show good discriminatory performance.** We have completed the first general update of all questions in 2011.

3. The careful development of the ISAM test has resulted in **evidence for both validity** (content, empirical) **and reliability** (internal consistency).

4. **Topics where the candidates were the weakest**: Pain & Addiction; Behavioral Addictions; Diagnosis, Assessment and Early Intervention. In several countries, the field of addiction is limited to the management of substance misuse. Addition of "local" questions to the core examination has been proposed to accommodate local legislative and possible cultural needs.

UNE DÉCÉNIE D'EXPERIENCE (b)

5. An **"a-cultural" examination may be only a goal to strive for**. Biological or laboratory tests may be largely culture-free, but epidemiological data, psychological treatments, mutual help resources, workplace guidelines are not. Can a core examination be fair globally when the medical practices are subject to different cultural & economic constraints? Genetic?

6. The cost, integrity and sensitivity of the examination are critical, particularly in developing countries. Increasingly, textbooks are available in electronic versions.

7. Each successful candidate receives **a numbered certificate to avoid forgery**.

8. Presenting **standardized review courses** & complementing the test of clinical knowledge with a standardized **Objective Structural Clinical Exam (OSCE),** administered locally, are the next frontier.

9. Language proficiency can be a barrier. Discussions are underway to translate the examination into Spanish and Italian.

10. Settings where **a computerized version** of the examination can be administered are **being contemplated** but security remains a concern.

11. The Textbook of Addiction Treatment: International Perspectives - Springer