

FFICM Exam Glossary

This glossary is designed to support doctors training in Intensive Care Medicine as they prepare for the FFICM examination. It provides clear definitions and explanations of key terms, phrases, and concepts commonly used in exam questions and clinical scenarios. By clarifying exam language, the glossary aims to reduce ambiguity, enhance understanding of what examiners are asking, and help candidates structure more precise, confident answers. It is based on the [FFICM Examination Syllabus](#) (March 2022) and draws inspiration from the [Royal College of Emergency Medicine's Glossary of Examination Terminology](#).

Abnormality

Any finding that deviates from what is considered normal or typical. During a physical examination or on reviewing investigations, it indicates the presence of pathology such as a disease process, injury, or an underlying medical condition. It does not include the presence of lines, tubes, prostheses, etc.

Acquire

Gather relevant clinical data.

Advantages and disadvantages

Potential benefits and risks of treatment, procedure or intervention. When this question is asked in the SOE exam, some discussion of how to weigh these up will be expected.

Appropriate use

Correct, justified, evidence-based application of medical interventions to achieve best patient outcomes while minimising risk.

Assemble

Gather or bring together individual components to form a functional unit. Can refer to gathering items, constructing equipment or bringing together clinical staff.

Assess

Undertaking a history, physical examination and ordering investigations to inform diagnosis, prognosis and management.

Challenges

Difficulties that may arise. In the SOE, these should be described in a structured manner and may require the candidate to consider the broader picture if the question is phrased as 'additional challenges' e.g. ethical issues, legal challenges, and resource limitations.

Characteristic

Something that describes a medical condition or piece of equipment that is consistently present in that condition or is fundamental to how the piece of equipment works. With reference to a condition, alternative terms could include 'key qualities' or 'distinguishing features'.

Communicate (written and verbal) clinical information

Share findings, diagnoses and treatment plans in a written or verbal format. Note if talking to relatives and patients to use non-medical terminology that are easily understood.

Conceptualise

Develop a mental model or framework of a clinical issue or problem.

Concomitant treatment

Simultaneous use of multiple therapeutic approaches to manage a patient's condition, which may serve different purposes or target different aspects of a patient's condition.

Collaborate

Exchange information effectively with others (written or verbal).

Contraindications

Specific factors or conditions that make a particular medication, procedure or intervention inadvisable because it poses a significant risk of harm to the patient. Can be absolute (treatment should never be used) or relative (treatment should be used with caution in certain patients after fully weighing the potential benefits and risks).

Criteria

Set of standards, principles or rules that are used to evaluate information and guide decision-making, diagnosis and treatment. Often based on guidelines, scoring systems or consensus documents e.g. CURB-65 for pneumonia.

Define

Describe essential characteristics or properties.

Demonstrate

Show or illustrate something clearly, through observation, explanation or action. In the FFICM exam, often refers to practical procedures or treatment algorithms e.g. emergency relief of tension pneumothorax, advanced life support skills.

Determine

Identifying, assessing or establishing cause, nature or extent of a diagnosis, treatment plan or situation. Be sure to prioritise your answer with the most clinically relevant points first.

Differentiate

Distinguish or identify the difference between two or more symptoms, signs, features, or diagnoses.

Distinguishing features

Specific characteristics that differentiate one treatment or diagnosis from another; features are unique or prominent enough to highlight key differences e.g. distinguishing features of acute vs chronic renal failure.

Elicit

Actively obtain information, symptoms or signs from a patient through history or examination; analyse and make sense of the data to form conclusions.

Epidemiology

Distributions, patterns and determinants of health and disease in the population. This is important in disease surveillance and informs public health policy.

Establish

Confirm the presence of a diagnosis or determine a management plan through reviewing the available evidence or information.

Ethical principles

Ability to apply the key principles of medical ethics relevant to the clinical scenario and consider wider implications, including resource limitations, human rights, treatment escalation planning, and end-of-life care.

Evaluate

Systematically review and analyse the evidence and requirements for diagnosis or treatment options.

Factor(s)

A contributing element or cause for the condition.

Feature(s)

This can be used in a variety of ways:

- Medical history – indicates symptoms
- Clinical examination – indicates relevant positive or negative examination findings
- Clinical features – refers to symptoms or signs
- Investigation results – abnormalities that are clinically relevant or items that are present e.g. an endotracheal tube or central line on an X-ray
- When describing equipment – elements or components of the equipment
- When describing a procedure - key steps of the procedure.

Identify

Recognise or diagnose an abnormality, disease or syndrome based on history, symptoms, physical signs, and investigations or from the information given.

Immediate management

Indicates what you would do now, as a matter of urgency or priority rather than provide a general list of investigations or treatment that the patient may eventually need.

Impact

Effect of a disease or therapy on a patient or population e.g. a public health intervention that prevents disease.

Implication

Something that is suggested or hinted at from the preceding information. E.g. 'What are the implications for the patient?'

Indication(s)

Specific reasons, conditions or circumstances for which a particular medication, procedure or intervention is considered appropriate, beneficial and effective. Drawn from clinical trials, guidelines and expert consensus.

Interpret

Drawing initial conclusions from observations, test results or clinical signs to guide further action. This involves analysis and making sense of the data rather than reading out individual abnormalities.

Investigations

Specific tests undertaken to make a diagnosis or monitor the patient's condition. It is usually important to focus your answer on the investigations that are relevant to the question.

Integrate

Coordinate information from different sources, for example bringing all the information together into a clear management plan.

Key

Often used to refer to the most important or relevant aspect of the assessment or care.

Legal principles

Legal statutes, case law, or professional guidance. This will be asked in the context in which the candidate works (or if no longer working in the UK, where they previously worked). E.g. Candidates working in Scotland will be asked about the Adults with Incapacity (Scotland) Act, whereas candidates working in England and Wales will be asked about the Mental Capacity Act (England and Wales) and candidates working in Northern Ireland the Mental Capacity Act (Northern Ireland).

Limitations

Restrictions or constraints arising from the patient, diagnostic tools or NHS resources. In the FFICM exam, can extend to recognising the extent of your clinical practice or expertise, and when to seek supervision.

Long-term complications or sequelae

In the SOE, candidates should describe the issues critical care survivors may encounter as a result of both their critical illness and the specific condition they suffered from.

Manage/ management

Institute aspects of care that include treatment and supportive care. This doesn't usually include investigations unless the investigation leads to an immediate change to treatment, e.g. blood gas to confirm the correct fraction of inspired oxygen is being delivered.

In the SOE, candidates should briefly outline the initial ABCDE resuscitation focusing on aspects that are most relevant to the clinical situation being referred to in the question, then describe the specific management of that condition. The question may also be divided into:

- Initial management: this refers to the initial resuscitative management
- Subsequent management refers to ongoing management after initial resuscitation and may involve specialist interventions or tertiary care.

OSCE prompts

"Anything else?" Please provide more answers/examples

"Can you be more specific?" More details are required e.g. Acute Anterior ST Elevation Myocardial Infarction rather than "Myocardial Infarction"

Repeated questions by the examiner: You have not answered the question asked.

Pathogenesis

The sequence of events that lead to the development, maintenance or progression of a disease.

Pathophysiology

The physiological processes or mechanisms which go wrong to cause disease. Requires an understanding of basic science and relating this to the question.

Pitfalls

Mistake, difficulty or clinical problem that may not be immediately obvious or a type of error that is commonly made.

Principles

Essential themes of a treatment plan which often include broad ideas e.g. principles of drug treatments may include “broad spectrum antibiotics” or “vasopressors” rather than specific doses or routes of administration. For SOE questions on professionalism, principles may refer to legal and ethical principles and published professional guidance.

Prioritise

Determine the relative importance or urgency of tasks and attend to the most critical needs first. In the FFICM exam, this can refer to ensuring the most important or key investigations are ordered appropriately.

Pros and cons

This is similar to advantages and disadvantages, and some discussion and analysis of each is expected in the SOE, allowing the candidate to demonstrate their clinical reasoning

Promote

Encourage or support improvement e.g. of patient health, safety of a situation or intervention, or the NHS. In the FFICM exam, this can also refer to patient privacy, dignity and confidentiality.

Refer

Seek advice, expertise or guidance from other healthcare professionals.

Recognise

Identify or detect specific signs or symptoms, or disease patterns, based on clinical knowledge, experience and diagnostic tools. This can refer to identifying treatment aims or personal limitations.

Record

Document gathered information in the medical record, ideally in concise form, stating facts.

Relevance

The importance of a piece of information or evidence for making a diagnosis or contributing to an understanding of the patient's condition.

Report

If asked to “Please report this X-ray/scan/ECG” give a structured, full report, including the patient's name, date/time, etc. Compare to “What are the important findings?” where the examiner is not expecting a full report, just key findings. If it is not clear which response is required, then ask for the question to be repeated.

Respond

React to a change in the patient's clinical condition or to a new piece of information.

Review

Carefully examine or assess a patient's clinical condition or response to an intervention. In the FFICM exam, this can include evaluating the appropriateness of treatment or escalation plans, such as do not attempt resuscitation orders.

Role of

This phrase may be used in the SOE, e.g., “What is the role of x in the management of y?” Candidates would be expected to demonstrate clinical reasoning, refer to any relevant evidence and guidelines, and highlight the potential benefits and negative effects of treatment x.

Significance

Clinical significance is the real-world importance of medical findings, test results, or treatment effects.

Signs

Signs are identified on examination and may include abnormal observations or vital parameters.

Symptoms

Symptoms are what the patient complains of.

Synthesise

Combine or integrate information to form a coherent understanding or diagnosis.

Triage

Process of prioritising patients based on disease severity and urgency of medical need; includes scoring systems and is often driven by guidelines.

Undertake

Complete or perform a particular task.

Abbreviations

Abbreviation	Full Form
ABG	Arterial Blood Gas
ACS	Acute Coronary Syndrome
AED	Automated External Defibrillators
AF	Atrial Fibrillation
AKI	Acute Kidney Injury
ALS	Advanced Life Support
APACHE	Acute Physiology and Chronic Health Evaluation
APLS	Advanced Paediatric Life Support
APRV	Airway Pressure Release Ventilation
ARDS	Acute Respiratory Distress Syndrome
ARDSnet	Acute Respiratory Distress Syndrome Network Trial
ATLS	Advanced Trauma Life Support
AVNRT	Atrioventricular Reentrant Tachycardia
AWI	Adult With Incapacity (Scotland) Act 2000
AoMRC	Academy of Medical Royal Colleges
BAL	Broncho-alveolar Lavage
BMA	British Medical Association
BMI	Body Mass Index
BiPAP	Bi-Level Positive Airway Pressure
CMV	Controlled Mechanical Ventilation
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Coronavirus disease 2019
CPAP	Continuous Positive Airway Pressure
CPAP/ PS	Continuous Positive Airway Pressure / Pressure Support
CPP	Cerebral Perfusion Pressure
CSF	Cerebrospinal Fluid
CT	Computed Tomography
DAS	Difficult Airway Society
DKA	Diabetic Ketoacidosis
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DOAC	Direct Oral Anticoagulant
DOLS	Deprivation of Liberty Safeguards
ECG	Electrocardiography
ECHO	Echocardiography
ECMO	Extracorporeal Membrane Oxygenation
EEG	Electroencephalogram
ERAS	Enhanced Recovery After Surgery
FONA	Front of Neck Access
FiO2	Fraction of Inspired Oxygen
GCS	Glasgow Coma Scale
GI	Gastrointestinal
GPICS	Guidelines for the Provision of Intensive Care Services
HDU	High Dependency Unit
HELLP	Haemolysis, Elevated Liver enzymes, Low Platelet count
HFNO	High Flow Nasal Oxygenation
HFOV	High-Frequency Oscillatory Ventilation
ICNARC	Intensive Care National Audit & Research Centre
ICP	Intracranial Pressure
ICU	Intensive Care Unit
IM	Intramuscular
IO	Intraosseous
IPPV	Intermittent Positive Pressure Ventilation
IV	Intravenous

LIDCO	Lithium Dilution Cardiac Output
LMA	Laryngeal Mask Airway
MCA	Mental Capacity Act
MEWS	Modified Early Warning Score
MODS	Multiple Organ Dysfunction Syndrome
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
NAVA	Neurally Adjusted Ventilatory Assist
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NELA	National Emergency Laparotomy Audit
NEWS2	National Early Warning Score 2
NICE	National Institute for Health and Clinical Excellence
NIV	Non-Invasive Ventilation
PALS	Patient Advice and Liaison Service
PCV	Pressure Control Ventilation
PEA	Pulseless Electrical Activity
PEEP	Positive End-Expiratory Pressure
PPE	Personal Protective Equipment
PRVC	Pressure Regulated Volume Control
PS	Pressure Support
PaCO2	Partial Pressure of Carbon Dioxide
PiCCO	Pulse Index Continuous Cardiac Output
ROSC	Return of Spontaneous Circulation
RRT	Renal Replacement Therapy
SIMV	Synchronised Intermittent Mandatory Ventilation
SVT	Supraventricular Tachycardia
SaO2	Arterial Oxygen Saturation
SjvO2	Jugular venous oxygen saturation
TACO	Transfusion Associated Circulatory Overload
TBI	Traumatic Brain Injury
TEG	Thromboelastography
TIPS	Transjugular Intrahepatic Portosystemic Shunt
TPN	Total Parenteral Nutrition
TRALI	Transfusion-Related Acute Lung Injury
TTM	Target Temperature Management
TTP	Thrombotic Thrombocytopenic Purpura
U&E	Urea and Electrolytes
USS	Ultrasound Scan
VAP	Ventilator Associated Pneumonia
VCV	Volume Control Ventilation
VF	Ventricular Fibrillation
VR	Ventricular Rate
VT	Ventricular Tachycardia
WCC	White Cell Count
WPW	Wolff – Parkinson White Syndrome