

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

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