

'Mind the gap': common things are not always so common

Sir,

During a recent foundation year teaching session on gastrointestinal bleeding I was greeted with fragmented responses when I asked candidates to name the causes of an upper gastrointestinal bleed:

- 'Duodenal ulcer'
- 'Gastric ulcer'
- 'Varices'.

The list stopped there. I proceeded to vary my questioning and asked them to name the least common causes of an upper gastrointestinal bleed. I was greeted with silence. Had I asked an irrelevant question? Maybe. However, having spoken to colleagues it seemed they had endured similar teaching experiences. So who is to blame, the student or the teacher?

The self-directed learning approach central to many medical curricula, although promoting critical thinking and ensuing motivation, can result in significant knowledge deficiencies. In addition the way students are examined may also be worthy of denunciation.

All students at the 31 UK medical schools are assessed on multiple choice and extended matching questions derived from the Medical Schools Council

Assessment Alliance question bank. Its format requires students to answer questions on clinical cases with stems such as what is the most likely diagnosis or cause, what management plan would you instigate first or what investigation is most likely to lead to a diagnosis. However, there is very little emphasis on what is least likely, such as the least likely diagnosis or cause.

During my schooling I was exposed to the concept of Occam's razor whereby, among several hypotheses the one that makes the least assumptions is most likely (Wikipedia, 2012a). And as the old saying goes, if it looks like a duck, swims like a duck, and quacks like a duck, then it probably is a duck. I think medical schools would serve their students well if they were to seek some solace in Hickam's dictum: 'Patients can have as many diseases as they damn well please' (Wikipedia, 2012b).

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Wikipedia (2012a) Occam's razor. http://en.wikipedia.org/wiki/Occam's_razor (accessed 21 November 2012)

Wikipedia (2012b) Hickam's dictum. http://en.wikipedia.org/wiki/Hickam's_dictum (accessed 21 November 2012)

3. Tender temporal artery or reduced temporal pulse
4. Erythrocyte sedimentation rate greater than or equal to 50 mm/h
5. Temporal artery biopsy showing mononuclear cell infiltrates or multinucleate giant cells.

Three of these five criteria are required to make the diagnosis of temporal arteritis, a threshold with a reported sensitivity and specificity both in excess of 90% (Hunder et al, 1990).

The authors believe that a useful mnemonic will improve awareness, recall and application of these important criteria, particularly for medical students and junior physicians, and also serve as a useful teaching aid. They propose the following mnemonic TEMPL3 as outlined in *Table 1*.

The authors believe that this simple mnemonic will aid recall of the American College of Rheumatology criteria for features of temporal arteritis and be of use in making as rapid and accurate a diagnosis as possible of this potentially serious condition.

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Hunder GG, Bloch DA, Michel BA et al (1990) The American College of Rheumatology 1990 criteria for the classification of giant cell arteritis. *Arthritis Rheum* **33**(8): 1122–8

Smeeth L, Cook C, Hall AJ (2006) Incidence of diagnosed polymyalgia rheumatica and temporal arteritis in the United Kingdom, 1990–2001. *Ann Rheum Dis* **65**(8): 1093–8

TEMPL3: a simple mnemonic for the diagnosis of temporal arteritis

Sir,

Temporal arteritis is an uncommon but potentially serious condition in the UK, with an incidence of approximately 2.2 cases per 10 000 person-years (Smeeth et al, 2006). Undiagnosed temporal arteritis affecting the ophthalmic, posterior ciliary and/or central retinal arteries can result in irreversible blindness and as such, prompt diagnosis is essential.

The American College of Rheumatology criteria, published in 1990, aimed to identify the most common presenting features

of temporal arteritis and thus facilitate expedient diagnosis (Hunder et al, 1990). They are:

1. Age greater than or equal to 50 years at onset
2. New onset localized headache

Table 1. The TEMPL3 mnemonic

Mnemonic letter	Criterion	Positive when
T	Temporal artery abnormality	Tenderness or reduced pulse
E	Elevated erythrocyte sedimentation rate	≥50 mm/h
M	Multinucleate giant cells	Present on biopsy
P	Pain	New onset localized headache
L	Later life	Age 50 years or over at onset
3	Three out of the above five criteria are required to make diagnosis	