

Station Number

AFFIX CANDIDATE
LABEL HERE

CANDIDATE No:.....

Instructions for Candidates

Instructions

Assess temporal lobe function in this patient. You may ask additional questions regarding symptoms which may not be immediately apparent or testable given what is available to you.

As you go along, explain what you are doing and why you are doing it to the examiner.

You should not ask about symptoms or history of temporal lobe epilepsy.

**PLEASE REMEMBER TO HAND YOUR IDENTITY LABEL TO THE
EXAMINER**

Station Number

AFFIX CANDIDATE
LABEL HERE

Examination Skills: Temporal lobe testing

CANDIDATE No:.....

Instructions for Patients

Allow the candidate to test specific skills without interruption. Please do not ask them what they are doing – the examiner should be doing this.

This station tests the candidate's skills in testing specific aspects of neurological function. They have been asked to test functions of the temporal lobe of the brain – which controls certain aspects of memory and language.

Key Dialogue

The candidate should comment to the examiner as he/ she is completing the task.

You have no abnormalities, and your only dialogue should be that which is specifically asked of you by the candidate.

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Examination Skills: Temporal lobe testing

CANDIDATE No:.....

Instructions for Examiners

***REMEMBER TO ASK THE STUDENT FOR THEIR IDENTITY LABEL AND
AFFIX IT TO THE TOP OF THE MARK SHEET.***

This OSCE station tests the candidate's ability to test specific neurological functions.

As the candidate completes the tasks, he/ she should explain to you what they are doing, and why they are doing it. If they do not do this, please prompt them to comment on what they are doing.

The candidate is expected to perform 'bedside' tasks which require little extra equipment or apparatus. They are not expected to carry photos of famous people or lists of shapes for example.

They are also allowed to ask questions regarding memory, facial recognition, difficulty recognising melodies, etc. It is expected that the candidate opens up a dialogue with the patient in order to assess speech, prosody, egocentricity, and pedantic speech.

Station Number

Examiner's Name:

.....

AFFIX CANDIDATE
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CANDIDATE No:.....

Examination Skills: Temporal lobe testing

Marking Sheet

Please circle the appropriate mark for each criterion. The standard expected is that of a psychiatric Senior House Officer.

Notes – Candidates who perform multiple tests of the same function should not be penalised, but they will be wasting time.	Performed competently	Performed, but not fully competent	Not performed
Approach to the patient – Rapport, empathy, and style	2	1	0
Language functions (one point for each, up to a maximum of 2 points):			
• Word repetition	1	½	0
• Sentence repetition	1	½	0
• Ability to suggest antonyms for words	1	½	0
Tests of visual recognition			
• Naming of objects (at least 12 different objects should be tested to score full points)	1	½	0
• Asks about/ assesses for prosopagnosia (inability to recognise faces)	1	½	0
Auditory functions			
• Asks about/ assesses ability to recognise melodies	1	½	0
Tests of Semantic Memory (one point for each, up to a maximum of 4 points)			
• Ability to recall aspects (use, colour, detailed aspects) of particular objects	1	½	0
• Tests semantic knowledge of famous people when given their name (e.g. Marilyn Monroe, John Lennon)	1	½	0
• Ability to recall names of famous people when given clues about their identities	1	½	0
• Tests semantic knowledge of unique landmarks (e.g. Eiffel Tower, Grand Canyon)	1	½	0
• Ability to recall names of unique landmarks if given clues	1	½	0
Tests of Memory			
• Learning and recall of abstract words	1	½	0
Visual functions (one point for each, up to a maximum of 2 points):			
• Testing of visual fields	1	½	0
• Colour recognition	1	½	0

‘Temporal lobe personality’ (one point for each concept mentioned, up to a maximum of 2 points): <ul style="list-style-type: none"> • Emphasis on trivia and the small details of daily life • Egocentricity • Pedantic (teacher-like) speech • Perseveration (‘stickiness’) in speech 	1	½	0				
	1	½	0				
	1	½	0				
	1	½	0				
	Overall Approach to Task			4	3	2	1

Score (Max 20)	<input style="width: 50px; height: 20px;" type="text"/>
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Overall Grading of station	Clear Pass	Borderline	Clear Fail
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Trickcyclists' Tip Sheet

- Temporal lobe disorders are associated with *Semantic* dementia:
 - a progressive loss of meaningful speech and a gradual deterioration of knowledge about the world
 - In this disorder, there is early difficulty with naming, but patients also lose information about other aspects of things (for example the use, color, and detailed appearance of objects).
 - Additionally, they lose information of irregular grammatic forms, pronunciation and spelling, and tend to “regularize” when reading or speaking (for example, “the boy falled” instead of “the boy fell”), whereas their general use of grammar and syntax remains intact.
 - Typically, they lose the ability to recognize the core concept of things, exhibit intrusion of information about semantically related objects, and later regress toward category exemplars (for example, the difference between a swan and a pelican becomes very fuzzy, as both are large water birds, and eventually both are thought of as birds).
- Regarding the specific role of the left temporal pole in semantic memory, it appears that regions involved in naming (and knowledge) for general entities are located more posteriorly, while retrieving the names for *unique* persons (e.g., Marilyn Monroe) or for names of *unique* landmarks (e.g., the Louvre) appear to be subserved by regions located more anteriorly in the left temporal pole.

This information taken from:

<http://www.bcm.edu/neurol/challeng/pat73/summary.html>

There is a very good handout covering temporal lobe functions at:

http://web.lemoyne.edu/~hevern/psy448/448documents/deficits_temporal.html