

Diagnosis	Number (0 means optional)
<b>Required</b>	
Cognitive Impairment (1, AP)	1
Focal or Diffuse Motor Disturbance (1, AP)	1
Loss of Consciousness (1, AP)	1
Pain, Acute or Chronic (1, AP)	1
Sensory Dysfunction (1, AP)	1
Transient Neurologic Symptoms (1, AP)	1
<b>Optional</b>	
Pediatric (O)	0
Stroke Alert (O)	0
Multiple Sclerosis/Transverse Myelitis (O)	0
Acute Stroke (O)	0
Brain Death (O)	0
CNS Infection (meningitis or encephalitis) (O)	0
Delirium/Encephalopathy or Dementia (O)	0
Head Trauma (O)	0
Movement Disorder (O)	0
Neuromuscular Disease (O)	0
Seizure (O)	0
Tumor (CNS) (O)	0
<b>Procedures</b>	
EPA 01a Gather a History (1, FP)	1
EPA 01b Physical Exam (1, FP)	1
EPA 02 Differential Diagnosis (1, FP)	1
EPA 03 Diagnostics (1, FP)	1
EPA 06 Oral Presentation (1, FP)	1
Patient History Chief Complaint (1,FP)	1
Physical Exam, Full, Focused or Mental Status (1,FP)	1
<b>Optional</b>	
EPA 04 Orders and Prescriptions (FP)	0
EPA 05 Document An Encounter (FP)	0
EPA 07 Form Clin Ques/Retrieve Evidence (FP)	0
EPA 08 Patient Handover (FP)	0
EPA 09 Collaborate with Team (FP)	0
EPA 10 Urgent Care (FP)	0
EPA 11 Informed Consent (FP)	0
EPA 12 Perform General Procedure (FP)	0
EPA 13 Indentify System Failures (FP)	0



**Acceptable Alternative (A)**

**Supervision Direct (D), Indirect (I)**

Behavioral Neurology Module, Aquifer 18  
Cerebrovascular Disorders Module, Simulation  
Aquifer 3, Simulation  
Top Ten Case, Aquifer 34  
Neuro-Immunology Module  
Simulation

indirect  
indirect  
indirect  
indirect  
indirect  
indirect

**Clinical Setting: Inpatient (I), Outpatient (O)**

Inpatient or Outpatient

Inpatient or Outpatient

Inpatient or Outpatient

Inpatient or Outpatient

Inpatient or Outpatient

Inpatient or Outpatient