



Neurophobia: How do Nigerian Medical Students Perceive Neurology?

Aderinto Nicholas ^{a*}, Afolabi Samson ^b, Kayode Ayomide ^c,
Abdul Basit Opeyemi ^c, Opanike Joshua ^c,
Olakanmi Damilare ^b, Alare Kehinde ^c
and Ogunleke Praise ^c

^a LAUTECH Teaching Hospital, Ogbomoso, Nigeria.

^b Department of Medicine & Surgery, College of Health Sciences, Ladoke Akintola University of Technology, Ogbomoso, Oyo State, Nigeria.

^c Department of Medicine, Ladoke Akintola University of Technology, Ogbomosho, Nigeria.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/95740>

Original Research Article

Received: 02/01/2023

Accepted: 25/01/2023

Published: 26/01/2023

ABSTRACT

Background: The fear of Neurology among medical students has become a common phenomenon. This has significant implications for the availability of Neurological specialists in developing countries like Nigeria. With the increasing burden of neurological diseases and few neurologists, more homegrown neurologists are needed. However, this may not be achievable without interest in neurology by medical students. This study evaluated this issue among Nigerian medical students.

Methodology: The study was a cross-sectional study among 128 medical students using an online questionnaire. The responses were analyzed using Statistical Package for the Social Sciences (SPSS) version 25.

*Corresponding author: E-mail: Nicholasoluwaseyi6@gmail.com;

Results: The majority (68.8%) of respondents have limited knowledge of Neurology and low interest. Of the total respondents, 69.5% perceived Neurology as a difficult speciality, and 86.7% attributed their lack of interest to poor teaching. 78.9% attributed the difficulty to poor knowledge of neuroanatomy, 66.4% agreed that limited exposure to neurological patients reduced their interest in the speciality, and 61.7% believe neurological diseases are difficult to diagnose. Most participants inclined that improved neuroanatomy teaching, more patient exposure, and bedside teaching are the most important strategies to improve Neurology interest and competence.

Conclusion: Neurology was the most challenging course in our study. In order to ensure that students have a better understanding of the subject and to produce medical doctors who are qualified to handle neurological complaints, we, therefore, encourage medical schools in Nigeria to take action in this regard, such as adopting new teaching techniques that are linked to students' needs and assessment feedbacks.

Keywords: Neurophobia; medical student; neurology.

1. INTRODUCTION

Neurology is the medical speciality concerned with the nervous system and its functional or organic disorders [1]. Jozefowicz first described Neurophobia in 1994 as the fear of neurosciences and clinical neurology attributed to the students' incapability to apply their knowledge of basic sciences to clinical practice [2]. This has, however, been observed to stem from difficulty in understanding neuroanatomy [3, 4], poor teaching of neuroscience subjects [5], low exposure to neurological cases, the low numerical strength of neurology teachers [3] and complex clinical examination [6].

Neurological disorders contribute to about 2.9% of Africa's global disease burden. They are responsible for 16.8% of deaths in low-and middle-income countries and 12% globally [7] hence the need for adequate measures to stem the trend. In Nigeria, the epidemiology of neurological disorders as seen in the outpatient department of three tertiary healthcare facilities was 48.7 per cent in the University of Nigeria Teaching Hospital, Enugu, from January 2007 to August 2008, [8] 39.41 per cent in Lagoon Hospitals, Lagos, from July 2014 to December 2017 [9] and about 43 per cent from a 12-year survey at the University College Hospital, Ibadan [10]. Also, a survey by Sanya et al. of 3 first-generation, second and third-generation medical colleges about the interest of medical students in neurology showed that most students believed that making a diagnosis in neurology is complex, and few of them engage in peer discussion groups on neurology topics [3].

Most studies showed that medical students ranked neurology the least preferred course

compared to other specialities, such as rheumatology and geriatrics,, that were just being developed in most countries [6]. Only 4% of the students indicated an interest in neurology practice in the study by Sanya et al. in Nigeria [3], 11.8% by Ahmad et al. in Saudi Arabia [4] and 9.4% by Abdelhaleem et al. in Khartoum, Sudan [6]. The knowledge of neuroanatomy has however been found to have a significant impact on the interest of medical students in neurology [11, 12] and therefore suggests the need to reiterate and integrate basic neuroanatomy and physiology in clinical practice.

Some methods addressed in improving neurology teaching include increased tutorials and improved use of online resources. Philip et al. also employed small group learning sessions as a traditional way of teaching neurology [13] which fostered a keen interest in the field.

Medical students have also been observed to show low confidence in handling neurological cases [11]. This reason for neurophobia resulted from difficulty in understanding neurology and a low level of knowledge in the field. Risdale et al. however, employed the use of team-based learning, and an increase in student confidence was observed [14]. Team-based learning involves a permanent team created by the instructor to involve ideally 5-7 members whose knowledge is tested with a readiness assurance test. Other educational interventions, such as case-based training and problem-based learning, have increased self-reported knowledge [15]. However, little is known about neurophobia among Nigerian medical students. This study aimed to assess clinical medical students' perception of neurology and shed the light on factors governing this perception.

2. METHODOLOGY

2.1 Study Setting

The study was carried out among medical students at the College of Health Sciences, Ladoke Akintola University of Technology, LAUTECH, Ogbomoso, Nigeria. The institution is owned by Oyo state with over twenty-five thousand undergraduates with the main University campus, College of Health Sciences and Teaching Hospitals located in Ogbomoso on Latitude 8o 08' 00" East and Longitude of 4o 16' 00" North of the Equator, within the savannah region and a gateway to the Northern part of Nigeria from the Western region.

2.2 Study Design

The study was a cross-sectional descriptive design conducted between October to December 2022.

2.3 Technique

The study involved only students in the clinical years that have undergone at least one rotation in the Clinical departments of Surgery, Internal Medicine, Pediatrics and Obstetrics/Gynecology. At the time of the study, there were one hundred and forty-one clinical students available for the study, only in 400 and 500 levels.

Data were obtained through an electronic form using an online questionnaire adapted from a previous study [16] which sought demographic data, specialty interests and perception of neurosurgery. The electronic form link was sent to each student via email and directly to their WhatsApp number through each class representative. A period link reminder was sent to each class group page on weekly basis. Their responses were obtained within eight weeks for analysis.

2.4 Data Analysis

Data were imported into SPSS version 25 and analyzed using descriptive statistics. Differences were considered to be statistically significant at $p \leq 0.05$.

3. RESULTS

At the end of the data collection, 128 medical students with an age range of 20-32 years

participated in the study. The respondents were distributed by their level of study as follows: 57 (44.5) from the 400 level and 71 (55.5) from the 500 level of the university.

Table 1. Demographic data of the participants

Variation	Frequency	Percent
Gender		
Male	62	48.4
Female	66	51.6
Level		
400	57	44.5
500	71	55.5
	Mean (SD)	Range
Age (Mean)	23.94 (1.85)	20 – 32

Regarding students' knowledge of medicine, the respondents were asked to rank seven specialties from "very limited" to "very good." The students need to gain more knowledge of neurology 88(68.8), moderate knowledge of cardiology 60(46.9) and a very good knowledge of Nephrology 71(55.5), with neurology ranking last in these sections.

In contrast to other medical disciplines used in the study, neurology received the least number of interests from participants, with the highest rating in the "not interested" section of the survey 55(43.0) and the lowest rating in the "interested" section of the survey 34(26.6).

Regarding the level of difficulty of the seven specialties used in the study, the students were asked to rank each specialty from the easiest area to the most difficult. Neurology was the most difficult area of specialty 89(69.5), while nephrology was found to be the easiest area of specialty 35(27.4). Additionally, endocrinology and nephrology have the same level of difficulty, 39(30.5), with gastroenterology being the least difficult area of specialty 30(23.4).

In the survey, major contributions to neurology being a difficult subject include neuroanatomy 101 (78.9), poor or not enough teaching 111 (86.7), limited exposure to neurological patients 85(66.4), and many complex diagnoses 79 (61.7).

The students also felt that improved neuroanatomy teaching 91(71.1), more patient exposure 85(66.4), more lectures 83(64.8) and more bedside teaching 82(64.1) would be beneficial in improving neurological teaching.

Table 2. Level of knowledge in the medical specialties

Variables	400	500	Total				
	Mean (SD)	Mean (SD)	Very Limited (%)	Limited (%)	Moderate (%)	Good (%)	Very Good (%)
Cardiology	3.18 (0.95)	3.30 (0.89)	2 (1.6)	22 (17.2)	60 (46.9)	31 (24.2)	13 (10.2)
Respiratory	3.14 (0.95)	3.24 (1.02)	6 (4.7)	24 (18.8)	47 (36.7)	41 (32.0)	10 (7.8)
Neurology	2.04 (1.03)	2.20 (1.15)	45 (35.2)	43 (33.6)	23 (18.0)	13 (10.2)	4 (3.1)
Rheumatology and Dermatology	2.60 (1.11)	2.82 (1.10)	18 (14.1)	39 (30.5)	40 (31.3)	23 (18.0)	8 (6.3)
Endocrinology	3.30 (0.82)	3.63 (0.76)	1 (0.8)	14 (10.9)	43 (33.6)	62 (48.4)	8 (6.3)
Nephrology	3.33 (0.93)	3.65 (0.91)	3 (2.3)	15 (11.7)	39 (30.5)	56 (43.8)	15 (11.7)
Gastroenterology	3.14 (0.95)	3.59 (0.96)	3 (2.3)	20 (15.6)	46 (35.9)	42 (32.8)	17 (13.3)

Table 3. Interest in different medical specialties

Variables	400	500	Total				
	Mean (SD)	Mean (SD)	Not Interested (%)	Disinterested N (%)	Neutral N (%)	Interested N (%)	Very Interested N (%)
Cardiology	3.42 (1.03)	3.28 (1.16)	8 (6.3)	21 (16.4)	36 (28.1)	45 (35.2)	18 (14.1)
Respiratory	3.23 (1.10)	3.31 (1.02)	8 (6.3)	17 (13.3)	52 (40.6)	34 (26.6)	17 (13.3)
Neurology	2.46 (1.39)	2.73 (1.33)	42 (32.8)	13 (10.2)	39 (30.5)	21 (16.4)	13 (10.2)
Rheumatology and Dermatology	2.91 (1.24)	2.83 (1.23)	24 (18.8)	23 (18.0)	38 (29.7)	32 (25.0)	11 (8.6)
Endocrinology	3.04 (0.98)	3.37 (1.02)	8 (6.3)	21 (16.4)	43 (33.6)	47 (36.7)	9 (7.0)
Nephrology	3.18 (0.95)	3.42 (1.04)	8 (6.3)	14 (10.9)	48 (37.5)	46 (35.9)	12 (9.4)
Gastroenterology	3.23 (1.09)	3.41 (0.95)	6 (4.7)	19 (14.8)	44 (34.4)	45 (35.2)	14 (10.9)

Table 4. Level of perceived difficult specialty

Variables	400	500	Total				
	Mean (SD)	Mean (SD)	Very Easy	Easy	Moderate	Difficult	Very Difficult
Cardiology	2.96 (0.73)	3.28 (0.74)	1 (0.8)	20 (15.6)	72 (56.3)	30 (23.4)	5 (3.9)
Respiratory	2.77 (0.80)	3.32 (0.94)	3 (2.3)	32 (25.0)	53 (41.4)	32 (25.0)	8 (6.3)
Neurology	3.79 (1.11)	4.04 (0.98)	2 (2.3)	10 (7.8)	26 (20.3)	43 (33.6)	46 (35.9)
Rheumatology and Dermatology	3.32 (0.99)	3.56 (1.00)	1 (0.8)	20 (15.6)	51 (39.8)	32 (25.0)	24 (18.8)
Endocrinology	3.04 (0.76)	3.25 (0.95)	1 (0.8)	27 (21.1)	61 (47.7)	29 (22.7)	10 (7.8)
Nephrology	2.95 (0.90)	3.17 (0.88)	2 (1.6)	33 (25.8)	54 (42.2)	32 (25.0)	7 (5.5)
Gastroenterology	2.88 (0.80)	3.21 (0.94)	3 (2.3)	27 (21.1)	68 (53.1)	19 (14.8)	11 (8.6)

Table 5. Reasons for Neurology being a difficult subject

Variables	400	500	Total			p-value
	Mean (SD)	Mean (SD)	Not at all N (%)	Minor contribution N (%)	Major contribution N (%)	
Neuroanatomy	2.75 (0.43)	2.79 (0.48)	2 (1.6)	25 (19.5)	101 (78.9)	0.677
Poor/Not Enough Teaching	2.75 (0.51)	2.93 (0.26)	2 (1.6)	15 (11.7)	111 (86.7)	0.002
Neurological Examination	2.46 (0.63)	2.62 (0.60)	8 (6.3)	42 (32.8)	78 (60.9)	0.813
Neurophysiology	2.51 (0.57)	2.58 (0.58)	5 (3.9)	48 (37.5)	75 (58.6)	0.542
Many Complex diagnoses	2.63 (0.56)	2.52 (0.61)	6 (4.7)	43 (33.6)	79 (61.7)	0.204
Limited exposure to Neurological patients	2.70 (0.57)	2.55 (0.58)	6 (4.7)	37 (28.9)	85 (66.4)	0.185
Neurology has a reputation for being difficult	2.54 (0.60)	2.46 (0.69)	11 (8.6)	42 (32.8)	75 (58.6)	0.180

Table 6. Views on improving neurological teaching

Variables	400	500	Total				
	Mean (SD)	Mean (SD)	Very Unhelpful	Unhelpful	Moderately Helpful	Helpful	Very Helpful
More bedside teaching	3.77 (1.13)	4.25 (1.12)	5 (3.9)	5 (3.9)	36 (28.1)	16 (12.5)	66 (51.6)
More patient exposure	3.89 (1.11)	4.18 (1.18)	6 (4.7)	4 (3.1)	33 (25.8)	19 (14.8)	66 (51.6)
More Lectures	3.84 (1.08)	4.03 (1.07)	4 (3.1)	6 (4.7)	35 (27.3)	31 (24.2)	52 (40.6)
Improved Neuroanatomy teaching	4.07 (1.03)	4.31 (1.15)	4 (3.1)	5 (3.9)	28 (21.9)	15 (11.7)	76 (59.4)

Table 7. Factors affecting the perception of a career in neurology

Variables	Do not know N (%)	Very Poor N (%)	Poor N (%)	Okay N (%)	Good N (%)	Very Good N (%)
Financial reward	13 (10.2)	3 (2.3)	15 (11.7)	34 (26.6)	23 (18.0)	40 (31.3)
Job Satisfaction	14 (10.9)	3 (2.3)	19 (14.8)	36 (28.1)	24 (18.8)	32 (25.0)
Ability to make a significant difference in patient's lives	8 (6.3)	6 (4.7)	13 (10.2)	26 (20.3)	29 (22.7)	46 (35.9)
Ability to maintain work-life balance	7 (5.5)	17 (13.3)	30 (23.4)	25 (19.5)	23 (18.0)	26 (20.3)
Prestige	12 (9.4)	3 (2.3)	12 (9.4)	33 (25.8)	26 (20.3)	42 (32.8)

Table 8. Respondent’s likelihood of a career in Neurology

Question	Not N (%)	Unlikely N (%)	I do not know yet N (%)	Likely N (%)	Definitely will N (%)
Likely to pursue a career in neurology	25 (19.5)	33 (25.8)	51 (39.8)	13 (10.2)	6 (4.7)

For all participants, the major factors affecting their interest in a career in neurology include their ability to make a significant difference in patients' lives 46(34.9), prestige 42(32.8), and financial reward 40(31.3).

Finally, the survey's most significant finding was the likelihood of pursuing a career in neurology, which was rated as unlikely 33(25.8) in contrast with a likelihood rating of 13(10.2).

4. DISCUSSION

Our results corroborate other research findings that medical students believe neurology to be the hardest specialty [17]. In our study, as in many other earlier studies, poor teaching was the primary factor in influence neurology's difficulty [17,18]. Poor understanding of neuroanatomy and neurophysiology, which have previously been identified as major variables contributing to the difficulty of neurology, received high ratings in our study. All of these research results from the literature highlight the need to reevaluate how neurology is taught globally. Many researches, including ours, have shown that more hands-on teaching, lectures, and more clinical-based learning practices with patient exposure are the factors that students believe will improve neurology teaching [19].

Numerous studies have focused on examining how integrating new training methods and teaching strategies may enhance neurology education and lessen the problem of neurophobia [19,20]. The implementation of an interactive electronic textbook in addition to the regular neurology lectures increased student satisfaction with the subject's teaching, according to a study done in Chicago, Illinois [21], and another one done in Australia [22] found that case-based instruction helped students connect fundamental neuroscience to clinical neurology and enhanced their clinical skills. In a study conducted in Singapore, videotapes were also discovered to be a helpful tool for enhancing clinical knowledge and medical communication skills [23].

Some studies also suggested different approaches to teaching neurology, such as the up-down approach, which begins by teaching the clinical neurological signs and phenomena before teaching the scientific basis behind them [17,24,25]. These studies claimed that this approach would aid integration and draw students' attention to neurological signs and diseases. The association of British neurologists also suggested a different approach to instruction, emphasizing the need to simplify instruction by employing a core curriculum that focuses on common neurological illnesses and the best teaching strategy, the problem-based approach [26]. It should be emphasized that the educational system in Nigeria is comparable to that in the UK; thus, we propose that UK methods may be more appealing in addressing neurophobia in Nigeria.

Despite its difficulty, a few students still chose neurology as a viable career option. This is consistent with earlier studies' findings that students' interest in neurology is not influenced by the subject's perceived difficulty, indicating that they will welcome any measures taken to combat neurophobia and desire those measures to deepen their understanding of the subject [27]. We looked into elements that would most influence or deter students from choosing neurology as a career to have a thorough understanding of the factors determining students' interest in the field. The ability to significantly improve patients' lives, which has also been found to be a significant factor in studies from the UK and the University of Bahri, Sudan, prestige, and financial security were the most critical factors in our study that encouraged students to choose a career in neurology [28].

Other significant factors reported in previous work include interest in the field, increased opportunities for neurology research, and increased salaries. Instead, the top factors deterring students from careers in neurology in our survey were financial reward, status, and the potential to impact a patient's life significantly. Some students view neurology as a way to enhance patients' lives, while others believe that

neurological diseases have poor outcomes and that there is no way to enhance patients' lives. Previous studies discovered that this belief that neurological diseases have poor outcomes and no proven treatments is what deters students the most from studying neurology [27,28]. Such an idea might be motivated by the fact that students acquire their clinical training and abilities at hospital yards crowded with patients suffering from severe diseases. By exposing more students to outpatient clinics and educating them about new technology and scientific data that have expanded the variety of treatments available for neurological illnesses, this idea can be modified.

Every medical school should, in general, look at how students feel about the field of neurology and potential careers in it, as evidenced by the literature, which contends that medical schools are a significant factor in the development of the condition known as neurophobia. It is crucial to understand the causes of students' fear of neurology and the perceptions that discourage them from pursuing a career in the field because there is evidence that teaching developments in neurology made in response to students' assessments and feedback can reduce the development of neurophobia. It should be noted that medical students are the future general practitioners who will treat common neurological symptoms like headache, epilepsy, and neuropathies [caused by diabetes, alcohol, nutritional deficiencies, and entrapment] that present in primary healthcare facilities. Medical students are also the ones who should treat chronic neurological illnesses like Parkinson's disease at the primary care level, among whom neurophobic patients are included. Because relying on primary healthcare providers to treat neurological issues is the most economical way, it is crucial that all medical students, not just those who want to specialize in the field, feel comfortable with neurological symptoms.

Due to the need for more infrastructure and communication with other schools, this study could only include only a medical school. Hence the conclusions may not be applied to all Nigerian medical students. Therefore, we advise that additional research on this subject be done in Nigeria among all medical students.

5. CONCLUSION

We conclude that despite decades of progress, neurology is still viewed as a challenging subject,

with poor teaching playing a significant role in this difficulty. This contrasts with ageing populations' continually shifting needs for neurological services and the growing toll that neurological illnesses are taking on healthcare systems. In order to ensure that students have a better understanding of the subject and to produce general practitioners who are qualified to handle neurological complaints at the primary healthcare level, we, therefore, encourage medical schools to take action in this regard, such as adopting new teaching techniques that are linked to students' needs and assessment feedbacks.

CONSENT

As per international standard or university standard, patient(s) written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Jozefowicz RF. Neurophobia: The fear of neurology among medical students. *Archives of Neurology*. 1994;51:328–329.
2. Kam Kqian, Tan GSE, Tan K, Lim ECH, Koh NYu, Tan NCK. Neurophobia in medical students and junior doctors--blame the GIK. *Ann Acad Med Singapore*. 2013;42(11):559–566.
3. Zinchuk AV, Flanagan EP, Tubridy NJ, Miller WA, Mccullough LD. Attitudes of US medical trainees towards neurology education: "Neurophobia" - A global issue. *BMC Med Educ*. 2010;10(1).
4. Gutmann L, Cahill C, Jordan JT, Gamaldo CE, Santini V, Ali I, et al. Characteristics of graduating US allopathic medical students pursuing a career in neurology. *Neurology*. 2019;92(17):E2051–63.
5. Pakpoor J, Handel AE, Disanto G, Davenport RJ, Giovannoni G, Ramagopalan S V. National survey of UK

- medical students on the perception of neurology. *BMC Med Educ.* 2014;14(1):1–5. .
6. Abulaban AA, Obeid TH, Algahtani HA, Kojan SM, Al-Khathaami AM, Abulaban AA, et al. Neurophobia among medical students. *Neurosciences.* 2015;20(1):37–40.
 7. Matthias AT, Nagasingha P, Ranasinghe P, Gunatilake SB. Neurophobia among medical students and non-specialist doctors in Sri Lanka. *BMC Med Educ.* 2013;13(1).
 8. Sanya EO, Ayodele OE, Olanrewaju TO. Interest in neurology during medical clerkship in three Nigerian medical schools. *BMC Med Educ.* 2010;10(1).
 9. Elnaeim MK, Babiker IA, Elnaeim AK. Neurophobia among Medical Students in Sudan. *EC Neurol.* 2019;11:340–5.
 10. Menken M, Munsat TL, Toole JF. The Global Burden of Disease Study: Implications for neurology. *Arch Neurol. American Medical Association;* 2000 Mar 1;57(3):418–420.
 11. WHO | Mental disorders affect one in four people [Internet]. [cited 2020 May 5]. Available from:
Available:https://www.who.int/whr/2001/media_centre/press_release/en/
 12. Feigin VL, Nichols E, Alam T, Bannick MS, Beghi E, Blake N, et al. Global, regional, and national burden of neurological disorders, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet Neurol.* 2019;18(5):459–480.
 13. World Health Organization . *Neurology Atlas. Country Resources for Neurological Disorders.* Geneva: WHO; 2004.
 14. Seidi O, Hussein A. Neurological Letter From Sudan" *Practical Neurology.* 2005;(October);5.5: 311314.
 15. Schon F, Hart P, Fernandez C. Is clinical neurology really so difficult? *J Neurol Neurosurg Psychiatry.* 2002;72(5):557–559.
 16. Youssef FF. Neurophobia and its implications: Evidence from a Caribbean medical school. *BMC Med Educ.* 2009;9(1):1–7.
 17. *Neurological Disorders: Public Health Challenges.* Switzerland (CH): World Health Organization; 2006.
Available:http://www.who.int/mental_health/neurology/neurodiso/en . [Google Scholar]
 18. Jozefowicz RF. Neurophobia: the fear of neurology among medical students. *Arch Neurol.* 1994;51:328–329. [PubMed] [Google Scholar]
 19. Flanagan E, Walsh C, Tubridy N. 'Neurophobia' -- attitudes of medical students and doctors in Ireland to neurological teaching. *Eur J Neurol.* 2007;14:1109–1112. [PubMed] [Google Scholar]
 20. Jan MM, Fida NM. Attitudes of medical students toward pediatric neurology. *Pediatr Neurol.* 2002;27:106–110. [PubMed] [Google Scholar]
 21. Zinchuk AV, Flanagan EP, Tubridy NJ, Miller WA, McCullough LD. Attitudes of US medical trainees towards neurology education: "Neurophobia" - a global issue. *BMC Med Educ.* 2010;10:49. [PMC free article] [PubMed] [Google Scholar]
 22. Youssef FF. Neurophobia and its implications: evidence from a Caribbean medical school. *BMC Med Educ.* 2009;9:39. [PMC free article] [PubMed] [Google Scholar]
 23. Casabella Abril B, Pérez Sánchez J. The attitudes and behavior of the general primary-care physician towards the neurological patient. *Aten Primaria.* 1995;15:385–386. [PubMed] [Google Scholar]
 24. Schon F, Hart P, Fernandez C. Is clinical neurology really so difficult? *J Neurol Neurosurg Psychiatry.* 2002;72:557–559. [PMC free article] [PubMed] [Google Scholar]
 25. Lim EC, Seet RC. Demystifying neurology: preventing 'neurophobia' among medical students. *Nat Clin Pract Neurol.* 2008;4:462–463. [PubMed] [Google Scholar]
 26. Jan MM, Wazzan OM, Baeesa SS. Impressions and experience of non-neurologists in neurology. *Neurosciences (Riyadh)* 2005;10:272–276. [PubMed] [Google Scholar]
 27. Khatri IA, Siddiqui M. Neurology curriculum for medical students in Pakistan – scope and priorities. *Pak J Neurol Sci.* 2012;7:iv–vi. [Google Scholar]
 28. Matthias AT, Nagasingha P, Ranasinghe P. et al. Neurophobia among medical

students and non-specialist doctors in Sri Lanka. BMC Med Educ. 2013;13:164.

DOI:<https://doi.org/10.1186/1472-6920-13-164>

© 2023 Nicholas et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

The peer review history for this paper can be accessed here:

<https://www.sdiarticle5.com/review-history/95740>