

The session was informative with engaged panelists and participants. Some of the discussion was on the content of clinical education and the importance of ensuring that it fits the need of the community. Most of the discussion had to do with decolonization with some participants not agreeing or approving of the term. The point was brought up that to decolonize in her opinion makes no sense - that she as an example- is a product of colonialism. Others agreed with examples of parents and family who considered the colonial history as a positive.

Further -education from the global health north was thought to be limited in some circumstances because of time and technology. With respect to time - when learning in the global north there is much time dedicated to discussing 1 patient. When caring for patients in the global south time is a luxury and many patients must be seen within a day. Further, technology for both teaching and patient care often not available in the global south so spending time learning about these tools seems unproductive.

Some participants in the session thought that that the limits in education application for the south also apply to the north with concerns that clinical skills are declining with the use / reliance on technology.