

surrogacy, the above-mentioned surrogacy agencies have maintained a uniform silence concerning the expected risks facing the return of the surrogate child to Japan. As of January 2017, Cambodia as a surrogacy destination exposes surrogate children born there to inherent risks. There is only one word for the behavior of these Japanese surrogacy agencies which send surrogacy-seeking couples to Cambodia while feigning ignorance of the risks involved: dishonest.

Note: This paper is based on a paper presented at the Tenth Kumamoto University International Bioethics Roundtable, November 2016.

Consideration of Appropriate Clinical Internships for Occupational Therapy Students in Japan

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1. Introduction

The purpose of this study was to determine the appropriate clinical internship for occupational therapy students by comparing two different styles: "in charge of client style and clinical clerkship".

All occupational therapy students in Japan must practice clinical internship for more than 1000 hours in order to qualify for the national exam for occupational therapists. Since 1965, a physical and occupational therapist law has been established in Japan stipulating that students practice an internship where they are in charge of clients and write case reports under a supervisor's guidance. However, a number of occupational therapists have been practicing clinical clerkship from the 2000s onward.

In the clinical education for occupational therapy students, it is important to compare in charge of client style with the clinical clerkship style and to consider which of these two styles of clinical internship appropriately.

2. Occupational therapy process in Japan

Occupational therapists in Japan need prescriptions from a physician to practice therapy in order to have compliance with the law. Once they have prescriptions, occupational therapists complete the following steps: 1. Evaluate the clients using a

variety of methods. 2. Determine the state of functioning and the real problem. 3. Plan an occupational therapy intervention, set long-term and short-term goals, and select and establish the course for occupational therapy. 4. Practice occupational therapy. Most of the therapy sessions range from 20 minutes to an hour. 5. Therapists routinely reevaluate the client (Table1).

Occupational therapists assess the effect of therapy by comparing previous and current evaluation data results. If the client completes the goal, it may be the end of therapy depending on the assessment by the physician. If not, therapists repeat the process by practicing steps 1 to 5 again.

Table 1: Occupational Therapy Process in Japan

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0. Prescription by physician
 1. Evaluation: interview, observation, collecting information, and measurement for clients
 2. Problem definition: International Classification of Functioning (ICF) is used to assess the results of evaluation and define problems that are to be targeted through occupational therapy interventions
 3. Intervention planning: goal (long or short-term) setting; select and establish the course of therapy.
 4. Intervention implementation: verification of the effects every therapy
 5. Re-evaluation: systematically re-collect initial evaluation data and compare evaluation and re-evaluation data to determine if outcomes have been met and if discontinuation is appropriate; if not, determine subsequent action.
 6. Completion
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3. Legal regulations for clinical internship in occupational therapy in Japan

The rules for educational facilities of physical and occupational therapists (universities and vocational colleges offering a major in physical and occupational therapy) are outlined in Article3-2, notified by the Ministry of Education, Culture, Sports, Science and Technology and by the Ministry of Health, Labour and Welfare and stipulate that physical and occupational therapy students must practice a clinical internship of more than 25 credits (810 hours: 45 hours per credit) and complete more than two-thirds of the credits in a medical setting (the Ministry of Education, Culture, Sports, Science and Technology and The Ministry of Health, Labour and Welfare, 1966).

Besides, the Japanese Association of Occupational therapists (JAOT) requires an internship of more than 1000 hours including internships of more than six consecutive weeks (Japanese Association of Occupational Therapists, 2014). This criterion is based on the international educational standards of the World Federation of Occupational Therapists (WFOT). Specifically, it is necessary to meet these criteria in order to attain the standard, which is necessary if Japanese occupational therapists desire to work or study abroad (Hocking et al. 2002, p.1).

The guide for teaching physical and occupational therapy at training institutions as stated by the Ministry of Health, Labour and Welfare lists the following four points as qualifications for the supervisor and the facility of the practice of occupational therapy internship:

1) An experienced occupational therapist (clinical experience of over 3 years since licensure) supervises the student. 2) It is desirable that the facility is located near the training school. 3) It is desirable that the proportion of students to supervisor is approximately 2:1. 4) The facility must have adequate equipment to practice the internship (the Ministry of Health, Labour and Welfare, 1999).

4. The significance and purpose of clinical internship for occupational therapy students

The Japanese Association of Occupational Therapists (JAOT) published the fourth edition of its guidelines for the occupational therapy clinical internship in 2010. JAOT has defined the significance and purpose of a clinical internship in the guidelines (Japanese Association of Occupational Therapists, 2010).

According to the JAOT, the significance of a clinical internship is that occupational therapy students experience occupational therapy practice in the facility and learn the appropriate knowledge, technology, skills, and attitude in the training course. The purpose of a clinical internship is for occupational therapy students to develop an understanding of the perspective of the client, as well as the knowledge, technology, skills, and attitude of a therapist through occupational therapy planning and treatment, and offer guidance and support to clients under the supervisor's guidance, which will improve their understanding as a healthcare professional (Japanese Association of Occupational Therapists, 2010, p.10).

5. Charge of client style internship for occupational therapy students in Japan

In the charge of client style internship, occupational therapy students practice client-based occupational therapy and write case reports under a supervisor's guidance.

The JAOT defines the goals of the clinical internship as follows: "occupational therapy students are able to practice occupational therapy for general clients under the supervisor's guidance, and act as a therapist professionally" (Japanese Association of Occupational Therapists, 2010, p.17). In other words, the JAOT recommends an internship congruent with the charge of client style.

The strength of the charge of client style internship is that students are able to repeatedly experience the occupational therapy process, and to develop the skills of clinical reasoning through a relationship with the client. Additionally, the supervisor can allocate time for guidance, and, students are able to thoroughly study the client's clinical condition.

6. Criticisms of the charge of client style internship

The charge of client style has been practiced in many occupational therapy training settings in Japan since occupational therapy training courses began in 1963. There were few Japanese therapists with a license in those days. Therefore, it was necessary to train many therapists. The number of registered occupational therapists is insufficient in Japan today to meet the needs of an aging population. It could be argued that training more occupational therapists is one of the important strengths of the charge of client style.

However, some therapists have criticisms concerning the charge of client style internship. Sato, an occupational therapist, notes that the charge of client style internship has seven limitations. 1. Insufficient internship facilities. 2. Insufficient guidance times. 3. The student's "power of clinical reasoning" does not develop when writing case reports. 4. The main guidance of the supervisors is often restricted to the contents of case report because they cannot directly lead the student's practice. 5. The number of clients who do not consent to be treated by students has increased. 6. There is an increase in students' physical and mental fatigue in practicing the internship all day. 7. Supervisor's inability to lead (Sato, 2015, pp.6-9).

Nakagawa, a physical therapist, has also criticized the charge of client style internship for physical and occupational therapy students, making the following six points: 1. The supervisor cannot judge the student's development in the affective and psychomotor domains because it is dependent on the student's ability to write a case report. 2. The

student has to practice client therapy despite not possessing a license. 3. The student is only able to observe the cases of high-risk clients. Therefore, the student cannot experience the complete clinical reality. 4. Clients do not receive enough therapy, quantitatively and qualitatively, from students. 5. Supervisors have limited time for students, because the health service care fee for occupational therapy has slowly decreased, whereas the number of clients is increasing. 6. It is understandable that many clients do not consent to treatment by the student (Nakagawa, 2011a, pp.21-4).

Aida, an occupational therapist, argues that students with little clinical experience are too nervous and not skilled to practice, and cannot write case reports that meet supervisor's expectations (Aida, 2015).

7. Legal interpretation of the clinical internship in Japan

It is important to consider the criticism by Nakagawa that the student with no license practices therapy on clients in the course of the internship. Students who have no license to practice therapy are, in their clinical internships, in violation of physical therapist and occupational therapist law and of those pertaining to fee for healthcare services in Japan (Nakagawa, 2011b, pp.13-4).

The most important law for Japanese registered occupational therapists is the physical therapist and occupational therapist law established in 1965. Article 2-4 states, "the term occupational therapist as used in this act means a person that is qualified with a license by the Ministry of Health, Labor, and Welfare, uses the style of 'Occupational Therapist', and practices in occupational therapy with a physician's prescription".

On the other hand, the ministry ordinance concerning fee for healthcare services in Japan establishes that "it is performed under the direct guidance of the physician, and the occupational therapy considers it as being performed under a physician or the monitoring of an occupational therapist".

One member of the Diet submitted a written inquiry in March of 2016 asking if it is violation of the law for non-licensed students to practice physical or occupational therapy in internships, and if hospitals and facilities receive a medical fee from treatment performed by students. The government answered that "these practices are not a problem based on the interpretation of the law, if a physician or experienced therapist always provides guidance, ensures client safety, and the client consents to

practice by a student, and it is also not a problem if adequate guidance is provided by a physician or experienced therapist based on the interpretation of the law." This is based on an interpretation of the Medical Practitioners Act by the Ministry of Health and Welfare in 1991 (Ministry of Health and Welfare, 1991).

8. Clinical clerkship style internship for occupational therapy students

As discussed in the preceding section, it is not against the law for a student with no license to practice therapy. However, it is doubtful whether the student's therapy is the most effective for the client as well as therapist (supervisor). Therefore, it is not surprising even if the client does not consent to receive therapy from a student. If so, it will not be possible for the student to practice internship. Thus, some therapists have emphasized on clinical clerkship style internship to manage this issue.

The clinical clerkship style internship in Japan has been practiced by physician since around 2004 (Japan Society for Medical Education, 2005, p.11). Its prevalence among physicians in Japan has been affected by the clinical training system, which has made it a legal obligation in 2004 (Japan Society for Medical Education, 2005, p.11).

According to the Japan Society for Medical Education, in the clinical clerkship style internship, medical students participate in medical examinations as a team member. They assist in the medical examination by engaging in a limited range of medical practices under a supervisory physician's guidance, and develop the knowledge, technology, skills, and attitude of a physician. They have responsibility for the patients because their practice is on the medical record (Japan Society for Medical Education, 2005, p.65).

The clinical clerkship style internship for physical and occupational therapy was also introduced around 2000 (Nakagawa & Kano, 2001). Nakagawa defines that in the clinical clerkship, the student participates in the rehabilitation team as an assistant, which facilitates the development of professional skills and attitudes and ethical reasoning (Nakagawa, 2011c, p.37).

There are three steps in the practice of the clinical clerkship style internship: 1. Observation: the student observes the supervisor's practice and receives explanations concerning therapy. 2. Imitation: the student practices therapy under the supervisor's guidance. 3. Practice: the student is able to explain risk factors to clients, and practices therapy individually as permitted by the supervisor (Nakagawa, 2011c, pp.38-9).

9. Strengths of the clinical clerkship style internship

Nakagawa introduces seven strengths of the clinical clerkship. 1. The students do not write the case report, which reduces their physical and mental exhaustion. 2. Supervisors are freed from checking the report, and are thus able to devote additional time to leading the students and practicing therapy. 3. The student interacts with the supervisor all day as an assistant, and is therefore always able to practice under supervision. 4. The student is able to experience various clinical situations, and learn suitable actions. 5. Supervisors are able to have a dialogue with students, and effectively guide them. 6. Supervisors are able to ensure adequate therapy time for the client as well as guidance for the student. 7. Clients are likely to consent to the student being a part of their treatment team (Nakagawa, 2011c, pp.37-41).

10. Criticisms of the clinical clerkship style internship

There are also some criticisms of the clinical clerkship style internship. Aida mentions that there are few educational facilities that recommend clinical clerkships, and many therapists do not have a good understanding of clinical clerkships (Aida, 2015).

Although Hanafusa (occupational therapist for physical dysfunction) and Uda (occupational therapist for psychiatric dysfunction) practice the three-step clinical clerkship, there are several points that differ because of the difference in clinical specialization. They demand that students produce a planning report and occupational therapy summary for the client and case conference material for the other team staff if necessary (Hanafusa 2016; Uda 2016).

11. Discussion

It can be a valuable experience for students to practice current occupational therapy processes through the charge of client style internship. However, this style may cause the students to use their energy unproductively in producing case reports. Most of the students are not skilled enough to practice occupational therapy with the little clinical experience they gain. For example, the supervisor's guidance time with the student is limited to the time allowed practicing therapy as set by the healthcare service fee (max 60 minutes). Therefore, they have minimal discussion with clients and therapists, resulting in insufficient time for guiding the students while providing therapy for many clients. In this situation, the students do not have adequate time to acquire the necessary

skills as therapists and to write case reports during the clinical internship. As a result, students are not able to learn about the professional responsibilities of an occupational therapist.

In comparison, clinical internship enables students to enhance their professional qualities and provides the experience needed to gain the true meaning of the occupational therapy profession. Considering these viewpoints, the clinical clerkship is a better style of clinical internship than the charge of client style for occupational therapy students. However, the clinical clerkship style also has some problems. Some of the students are limited to observation or imitation in the internship. There are reasons for this: 1. Many of the occupational therapy students cannot act in the internship because they are not skilled enough. 2. The supervisor does not set internship planning and may not have a strategy for leading because of a lack of understanding of the clinical clerkship. 3. The educational facility may not establish attainment goals for every step. The students may lose focus if their only purpose is to earn enough credits, and they cannot acquire occupational therapy clinical thinking skills if they do not write case reports. In other words, it is easy for the internship to become a mere label rather than a productive experience.

Supervisors need a better understanding of the clinical clerkship type of internship. Furthermore, lecturers in the occupational therapy training setting and supervisors need to cooperatively plan the clinical internship, and explain to students the purpose, passing level, and contents of the clinical clerkship style internship.

12. Conclusion

It is desirable that occupational therapy students practice more in the clinical clerkship style during the clinical internships. However, it is hard to say that supervisors have an adequate understanding of the needed clinical clerkship. There needs to be a supervisor instruction course concerning the clinical clerkship style in the future.

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Lack of ethical reasoning in the innovation narrative of Occupational Therapy and Occupational Science literature

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Abstract

Occupational therapy and occupational science are two fields that are impacted by innovations and are seen as innovative. Ethical reasoning is seen as essential for guiding innovative processes such as the development of new scientific and technological products. At the same time it is reported that ethicists “lack the appropriate intellectual tools for promoting deep moral change in our society” and that members of the public such as parents of children with disabilities do not necessarily use ethical theories and ethical reasoning to highlight their problems. The purpose of this study was to investigate how the fields of occupational therapy and occupational science engage with ethics within their innovation-covering academic literature and whether occupational therapy and occupational science were mentioned in academic journals that contained words starting with “ethic” in the title. We found little conceptual engagement with ethics principles and no employment of ethical theories in the academic literature covered. We also found little engagement with occupational therapy or occupational science in academic journals that

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