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Beyond technical proficiency: exploring physical therapy educator perspective on the value of the affective domain in clinical education

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Abstract

***Introduction*:** While both faculty and clinicians acknowledge the importance of the affective domain, they may differ in how much time and emphasis should be placed on its development. This study aims to examine how Doctor of Physical Therapy academic faculty perceive the role of the affective domain in student clinical performance.
***Purpose*:** This study will assess the value academic faculty places on the affective domain of learning and subsequently the amount of time that should be devoted to developing these skills during full-time clinical experiences.
***Methods*:** Academic faculty were asked to complete a Qualtrics survey, created by the authors, to determine value and time to be spent teaching in each domain.
***Results*:** Thirty surveys were completed by academic faculty. The impact of learning domains on performance in full-time clinical experiences was ranked. The value placed in the three domains resulted in the cognitive domain ranking first, followed by affective, and then psychomotor. However, academic faculty prioritizes more time teaching in the psychomotor domain, followed by cognitive and then affective during the clinical experiences.
***Conclusion*:** Physical therapy academic faculty appear to value students' performance in the cognitive domain highly related to success in clinical experiences, followed by the affective and psychomotor domains. They emphasized that time spent in teaching during the experience should focus on the psychomotor domain, followed by cognitive, and then affective. Academic faculty placed a lower emphasis on students being a positive contributor to the facility, which was the same finding for clinicians' views in previous research. This may indicate a willingness to allow time for teaching in all areas during clinical experiences.

Keywords: *clinical education*; *affective domain*; *clinical experience performance*

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The integration of the cognitive, psychomotor, and affective domains in physical therapy education is crucial in preparing students for clinical experiences and patient care.[1,2] While cognitive and psychomotor skills have traditionally been the focus of physical therapy education, there is growing recognition of the importance of the affective domain in developing well-rounded, effective clinicians.[3,4] The critical role of the affective domain in physical therapy education has been highlighted.[5] However, less is known about how much value is placed on these skills by academic faculty related to full-time clinical experience performance. Exploring this viewpoint may inform strategies to improve students' affective domain performance.

The affective domain encompasses values, feelings, motivations, and attitudes including the development of character and value systems, relating to clinical skills such as communication, empathy, ethics, and professionalism.[5] The cognitive domain includes comprehension, application, analysis, synthesis, and evaluation related to critical thinking and clinical decision making.[5] The psychomotor domain encompasses coordination and motor skills including the ability to perform physical clinical care actions.[5]

When seeking to understand the value of developing affective domain skills one can look towards the therapeutic alliance. Affective domain skills are an integral piece to developing and maintaining the therapeutic alliance.[6]

Evidence suggests that a strong therapeutic alliance may improve pain outcomes in the outpatient setting.[2] The understanding of factors that can have an impact on the alliance can enhance its formation.[2] As students navigate their clinical experiences, the development of affective skills is essential not only for their immediate success but also for their long-term growth as compassionate and competent clinicians.[1]

Full-time clinical experiences, which are a required part of the Doctor of Physical Therapy (DPT) curricula, incorporate all three domains of learning. As the demand for physical therapists in the United States continues to grow, there has been a shift toward clinical experiences occurring earlier in the curriculum, which often place students in settings for first experiences in which they have not completed all of the related didactic instruction.[7] When looking into reasons why a student fails in an early clinical experience, Silberman et al. found that failures are most often due to a deficit in the affective domain.[7] An understanding of academic faculty's perception of the impact of the affective domain may assist in preparing students for success.

Further supporting the impact of the affective domain on performance during full-time clinical experiences is the number of components that make up measurements of readiness and success. When seeking to identify the objectives required to assess student readiness for clinical education experiences, Dupre et al. found that half of their 22 identified objectives fall under the affective domain.[8] Two standardized measures of assessing performance in full-time clinical education experiences are the Clinical Performance Instrument 3.0 and Clinical Internship Evaluation Tool (CIET).[9,10] The Clinical Performance Instrument 3.0 is made up of 12 components, with five lying in the affective domain. Skills assessed are interpersonal, communication, professionalism, and ethics.[9] The CIET is structured in two large sections; standards for professional behavior and standards for patient management. The professional behaviors section is tied to affective domain skills such as communication, ethics, initiative, and professionalism.[10] This level of emphasis during assessment of clinical experiences suggests that the affective domain is a significant contributor to success in clinical education experiences and can impact students' performance.

Research has revealed that clinicians place value on affective domain skills during clinical rotations, particularly in areas such as communication, professionalism, and empathy.[7] The value and time spent in teaching during clinical experiences in the affective domain have been previously studied, and revealed that clinicians may not prioritize the impact of affective domain over cognitive and psychomotor domains.[11] Although both faculty and clinicians acknowledge the importance of the affective domain,[5] they may differ in how much time and emphasis should be placed on its development during the clinical experience. Academic faculty design a curriculum in preparation for clinical experiences, which includes affective domain skill development. The level of emphasis in the classroom and clinic, is likely variable and may be based on the value each faculty member places on the affective domain as well as the content area being taught. The academic faculty recognize that focusing solely on cognitive and psychomotor skills is insufficient to meet current professional practice expectations.[12]

This study aims to examine how academic faculty perceive the role of the affective domain in student performance in full-time clinical experiences. Specifically, the study will assess how much value academic faculty places on the affective domain and how much time should be devoted to teaching these skills during full-time clinical experiences. Currently, there is a recognition of the evolving demands of contemporary practice and that technical proficiency alone is insufficient to meet professional standards.[5,12] Understanding faculty perceptions of the affective domain's impact on student readiness is necessary to inform curriculum development, strengthen clinical education outcomes, and foster the growth of compassionate, competent practitioners. There has been a call to action in the physical therapy profession to leverage the affective domain.[1] The American Council of Academic Physical Therapy (ACAPT) and has identified the affective domain's importance related to excellence in physical therapy education.[13] This research has investigated student readiness and the clinicians' point of view on performance.[4,8,11,14] Examining the viewpoint of academic faculty fills a gap in current literature, which has primarily focused on the clinician viewpoint.

Methods

A Qualtrics survey was created by the authors to determine the value placed on and the time spent teaching in each learning domain (Appendix A). The survey was designed with broad questions to include clinical instruction across clinical settings and any full-time clinical experience. Prior to distribution, the survey was reviewed by three experts in survey design and clinical education to ensure face validity. The survey was distributed to academic faculty through email to the Georgia Consortium of Clinical Educators, utilizing the snowball sampling method to increase response and reach more participants. Two rounds of distribution were executed to increase the number of respondents, the first round in October of 2024 and the second round in January of 2025. Responses were analyzed to prevent duplication and to exclude Physical Therapist Assistant and/or part-time Physical Therapy academic faculty. Approval for this research was obtained by the University of North Georgia Institutional Review

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Board and granted exempt status. Informed consent was obtained from all participants. Participants were asked to rank the three domains of learning related to the success of a typical student physical therapist during long-term clinical experiences. Survey participants were then asked to rate the time spent teaching in each domain. In addition, 14 aspects of clinical care in the affective domain were rated on a six-point Likert scale ranging from very important (1) to very unimportant (6). The 14 items rated were selected from the CIET.[10] Finally, demographic information was collected on all respondents including specialist content knowledge area, current or prior role managing clinical education experiences for students as Director of Clinical Education (DCE) or Assistant Director of Clinical Education (ADCE), and prior continuing education courses taken related to clinical education (Table 1).

Table 1. Demographic distribution

	N
Years as a physical therapist	
1–5	0
6–10	4
11–15	4
16–20	2
21–25	4
26 or more	16
Ever a DCE or ADCE	
Yes	23
No	10
Years as a CI	
Never a CI	3
1–5	6
6–10	6
11–15	6
16–20	2
21–25	1
26 or more	6
Continuing education frequency	
CCIP level 1	20
CCIP level 2	3
Other	13
None	7
Clinical board specialty	
None	19
Geriatrics	3
Neurology	2
Orthopedics	6
Pediatrics	2
Sports	1

DCE: Director of Clinical Education; ADCE: Assistant Director of Clinical Education; CI: Clinical Instructor; CCIP: Credentialed Clinical Instructor Program.

Results

Thirty-four surveys were completed by full-time physical therapy academic faculty and 30 surveys were included in the final analysis. The four surveys were not included due to suspected duplicate submissions across the two data collection points. Data analysis was conducted via SPSS software [version 29.0.0.0]. Demographic information collected on the respondents revealed a range of experience in academics from 6 to 25 years or more (Table 1). Twenty-two respondents were female and eight were male. Academic faculty respondents were found to have been a clinical instructor (CI) for 1 year to 25 or more years, with three never having been a CI. Twenty-two respondents were also either are or have been a DCE or an ADCE in their career. Academic credentials varied, 17 having received a DPT, 11 a PhD or EdD, and two associate-level degrees. Twenty academic faculty are American Physical Therapy Association (APTA) Credentialed Clinical Instructor Program (CCIP) level 1 CI, three are CCIP level 2 CI, 13 reported other CI training, and seven reported no training. Areas of ABPTS specialty certification include pediatrics, neurology, orthopedics, sports, and geriatrics, with 16 having no specialty certification.

Faculty were asked to rank the three domains of learning in the order of importance to students' success during long-term clinical experiences from one through three with one being the most important. This domain ranking revealed cognitive as the most important with an average ranking of 1.5, followed by the affective domain with an average of 2.10, and psychomotor domain with an average rating of 2.40 (Fig. 1). Full-time academic faculty were then asked to estimate what percentage of time they felt should be spent teaching in each domain throughout long-term clinical experiences. The results revealed that priority is placed on psychomotor teaching, followed by cognitive, and then affective (Fig. 2). The ranking of the affective domain is negatively correlated with the expected clinical time spent teaching in the affective domain, $p = –0.403$ ($r = 0.027$), meaning that as academic faculty

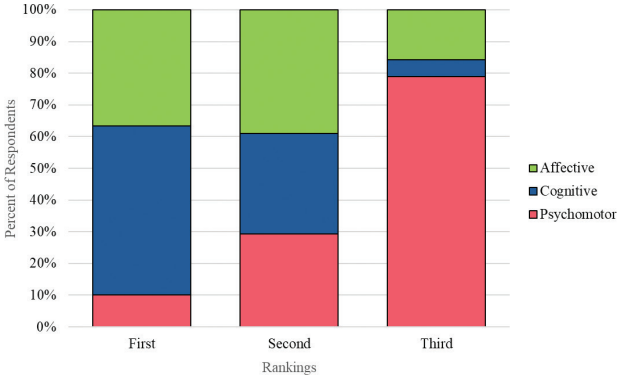

Fig. 1. Learning domain ranking ($n = 30$).

valued the affective domain more, they expected more time to be spent teaching in that domain. Comparisons of the remaining domain rankings and teaching time correlations are defined in Table 2.

When looking at the possible impact of continuing education related to clinical education, those who took the APTA CCIP level 2 course all ranked the affective domain the highest. These demographic data were found to correlate with the affective domain ranking, $p = 0.389$ ($r = 0.029$). Faculty that only took other continuing education and none of the APTA courses all ranked the affective domain in the third position, but correlation analysis was not statistically significant. No other correlations were found between any demographic factor with any of the domains of learning rankings. For the distribution of continuing education courses taken compared to the ranking in the affective domain, see Fig. 3. The only other demographic that was correlated with a cognitive domain was being a DCE or ADCE currently or prior. A positive correlation with time predicted teaching cognitive skills of $p = 0.503$ ($r = 0.005$) was found, indicating that those who were not previously or currently a DCE or ADCE were likely to estimate more time spent in the cognitive domain.

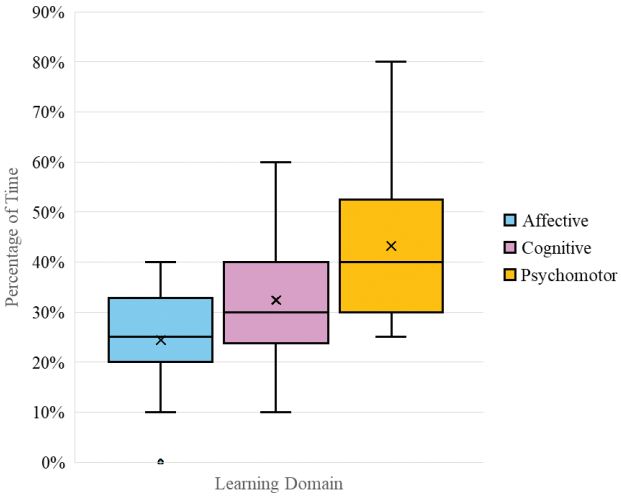

Fig. 2. Predicting the time spent teaching in each domain.

Lastly, 14 aspects of clinical care in the affective domain taken from the CIET were ranked by the participants. The top three highly ranked affective domain skills, determined by average rank position, were following ethical guidelines, professional conduct, and awareness of patient rights. The three lowest ranked skills were taking initiative for learning, communication skills written and verbal, and being a positive contributor to the facility. A detailed ranking of all 14 skills can be found in Table 3.

Finally, correlations were calculated to analyze the affective domain ranking with the 14 items from the CIET. Two correlations were found to be statistically significant. The affective ranking was positively correlated with professional conduct rating, $p = 0.376$ ($r = 0.040$). When academic faculty value the affective domain more, they rate professional conduct higher in importance. The same is true for the value of self-reflection and affective ranking, having a correlation of $p = 0.364$ ($r = 0.048$). Correlations were also investigated for the expected time spent teaching in the affective domain and the 14 items from the CIET. No significant correlations were found between these variables.

Discussion

The results of this study found that academic faculty value the cognitive domain highest as related to performance during full-time clinical experiences. The cognitive domain being valued highest by full-time academic faculty seems to align with the findings of Silberman et al. that deficits in the cognitive domain led to the highest rates of failure overall of any level full-time clinical experience.[7] Additionally, a previous study did find that CIs also ranked the cognitive domain as first when determining the impact on clinical experience performance.[11] Cognitive domain performance appears to be highly valued for success clinical experience performance.

The value placed on the affective domain by academic faculty was ranked second over psychomotor, which differs from previous research revealing the rankings by clinicians as psychomotor second and affective third.[11] One hypothesis why academic faculty may value the affective domain more highly than clinicians relative to entry-level performance is the idea that cognitive and psychomotor

Table 2. Correlation of domain ranking with time projected teaching in a domain

Spearman's 2-tailed correlation		Affective time	Cognitive time	Psychomotor time
Affective rank	Correlation	–0.403	0.184	0.134
	Sig. (2-tailed)	0.027*	0.332	0.481
Cognitive rank	Correlation	0.056	–0.226	0.143
	Sig. (2-tailed)	0.77	0.23	0.449
Psychomotor rank	Correlation	0.554	–0.048	–0.322
	Sig. (2-tailed)	0.001**	0.802	0.083

* < 0.05 significance; ** < 0.001 significance.

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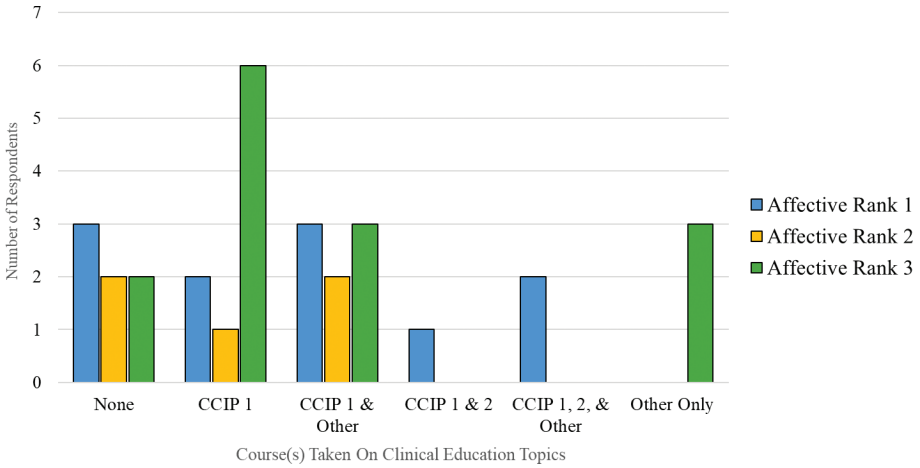

Fig. 3. Frequency of courses taken compared to the ranking of the affective domain. CCIP: Credentialed Clinical Instructor Program.

Table 3. Response rates for affective behaviors components (n = 30)

Affective behavior	Very important	Moderately important	Slightly important	Slightly unimportant	Moderately unimportant	Very unimportant
Ethical guidelines	25 (83.3%)	4 (13.3%)	-	-	-	1 (3.3%)
Professional conduct	23 (76.7%)	5 (16.7%)	1 (3.3%)	-	-	1 (3.3%)
Awareness of patient rights	25 (83.3%)	2 (6.6%)	1 (3.3%)	1 (3.3%)	-	1 (3.3%)
Safety of patients	23 (76.7%)	3 (10.0%)	3 (10.0%)	-	-	1 (3.3%)
Professional and patient communication	22 (73.3%)	6 (20.0%)	1 (3.3%)	-	-	1 (3.3%)
Self-reflection	22 (73.3%)	6 (20.0%)	1 (3.3%)	-	-	1 (3.3%)
Utilizes feedback	19 (63.3%)	10 (33.3%)	-	-	-	1 (3.3%)
Safety of self	20 (66.7%)	5 (16.7%)	4 (13.3%)	-	-	1 (3.3%)
Empathy	20 (66.7%)	7 (23.3%)	-	2 (6.6%)	-	1 (3.3%)
Demonstrates problem solving	18 (60.0%)	9 (30.0%)	2 (6.6%)	-	-	1 (3.3%)
Cultural competence	22 (73.3%)	4 (13.3%)	-	2 (6.7%)	1 (3.3%)	1 (3.3%)
Initiative for learning	14 (46.7%)	14 (46.7%)	1 (3.3%)	-	1 (3.3%)	-
Written and verbal skills	15 (50.0%)	12 (40.0%)	2 (6.6%)	-	-	1 (3.3%)
Positive contributor to facility	11 (36.7%)	11 (36.7%)	7 (23.3%)	-	1 (3.3%)	-

skills will continue to evolve with professional development, while affective development may be more focused during the educational period. Academic faculty may advocate for a structured, long-term approach to developing affective domain skills throughout curriculum.[5]

However, clinicians may feel that students should arrive at the clinic prepared to demonstrate affective skills in patient care and require less refinement than cognitive and psychomotor skills. Understanding these differing perspectives is critical for ensuring that students receive the necessary training and feedback in the affective domain to be successful in clinical settings. Early clinical experiences can create challenges, particularly when students are expected to demonstrate both technical and affective skills.[7] For a CI, this presents a complex task, as they must address deficits across all domains, especially the affective domain, which is often harder to assess and develop in a short period. For faculty, they too need to understand how the affective domain is assessed and at what levels students should be expected to perform based on the level of the clinical experience.[1,3,5]

When academic faculty were asked how much time should be spent teaching in each domain by the CI during the full-time clinical experience, faculty placed emphasis on teaching in the psychomotor domain, followed

by cognitive, and then affective. This emphasis differed from the previous survey of clinicians who prioritized time spent teaching in the cognitive domain, followed by psychomotor and then affective.[11] Clinicians, who assess students in clinical practice, often focus on the immediate, observable aspects of the affective domain.[14] While they recognize the importance of emotional intelligence, professionalism, and effective communication, clinicians may place a stronger emphasis on how students interact with patients in real-world situations. Clinicians are more likely to evaluate the affective domain through behaviors such as patient rapport, empathy in practice, and the ability to navigate challenging patient interactions.[7] These immediate, context-driven assessments may lead clinicians to prioritize affective skills that have an immediate, tangible impact on patient care, rather than the broader, more reflective aspects that faculty focus on in the classroom.

Of the respondents, those academic faculty who ranked the affective domain higher also valued increased time teaching in that area during the clinical experiences. Furthermore, when the psychomotor domain was ranked higher, emphasis on time spent teaching in the affective domain decreased. This relationship may imply that when a student needs more time on affective skill development, the focus of the teaching during the experience may shift. Deficits in the affective domain can be difficult to address during clinical experience and when a student struggles in the affective domain, they are more likely to fail that first clinical experience.[7]

When faculty were asked to rank 14 specific affective skills, these priorities agreed with previous research in the focus of academic preparation in the affective domain.[5,15] In this study, faculty prioritized following ethical guidelines, personal conduct, and awareness of patient rights. A holistic approach to teaching the affective domain reflects the educational philosophy that affective skills should be interwoven into the broader learning objectives of physical therapy programs, ensuring that students are not only technically competent but also emotionally and ethically equipped to handle patient care.[15] In this research, professional conduct and self-reflection were ranked higher when the respondent valued the affective domain higher.

The three skills with the lowest ranking were taking initiative for learning, communication skills, written and verbal, and being a positive contributor to the facility, which agrees with clinician rankings in previous research.[11] Both faculty and clinicians placed the least priority on being positive contributors to the facility. This is encouraging as it may indicate that all parties view spending time building students' skills and performance as a priority over productivity during the clinical experience. This understanding may facilitate students' development in all three domains during their clinical experiences, leading to better-prepared entry-level clinicians.

As respondents reported a higher level of structured APTA coursework related to clinical education, they tended to place more value on the affective domain. Those who took the APTA's CCIP Level 2 course all ranked the affective domain the highest. Those who only took other continuing education and none of the APTA courses ranked the affective domain in the third position but were not statistically correlated. Course objectives included in the CCIP Level 2 focus on integrating professionalism into the clinical curriculum.[16] Inclusion of this material in the CCIP Level 2 training may be a factor explaining why these faculty placed an increased value in the affective domain. Others contributing factors could be course content and area of expertise of the individual faculty member. Focusing on the development of affective skills and learning and understanding methods to improve this domain can lead to improved teaching strategies in this area.[17,18] CIs with less training in affective skill development may not prioritize teaching in this domain during clinical experiences. Future research might seek to assess whether CCIP Level 2 training for clinicians increases the time or focus spent on affective domain teaching during clinical experiences.

Interestingly, those respondents who had never been a DCE or ADCE were more likely to emphasize time spent teaching in the cognitive domain during the clinical experience. Faculty who had been a DCE or ACDE tended to place less emphasis on clinical teaching in this area. This variability in domains of emphasis may be due to the differing perspectives of academic faculty roles and their level of training and experience in clinical education.

Limitations of this study include the small and suspected regional sample size. The regional distribution was chosen to increase responses by known program connections. A larger sample size would give more power to the trends and correlations found. The response rate is unknown due to the snowball method of distribution. This allowed researchers to reach more respondents, especially in the educational field. However, it may have led to selection bias as participants were chosen based on connections and may not represent the broader population.[19] An additional limitation is that the survey inquiries about 'successful clinical experiences' without specifying which level of clinical experience. Academic faculty may prioritize and value different aspects of each clinical experience depending on the students' level of education. One respondent may have skewed the ratings of the 14 aspects of clinical care in the affective domain as all were rated between somewhat unimportant and very unimportant.

Further research could investigate the implicit and explicit development of the affective domain during the didactic portion of the DPT curriculum. This would support Berg-Carramusa et al. position that explicit investigation is needed in this area.[1] Gaining a further

understanding of how the affective domain is assessed in the academic setting would assist in gathering this knowledge. This information may lead to a better understanding of the expectations for clinical experiences and where CIs and academic faculty may need focus and training.

Conclusion

In summary, physical therapy academic faculty appears to prioritize student performance in the cognitive domain when predicting success in clinical experiences, followed by the affective and then the psychomotor domains. When it comes to teaching during clinical experiences, however, faculty indicated that more instructional time should target the psychomotor domain, with the cognitive and affective domain receiving less focus, in that order. In previous research, clinicians also responded that the least amount of teaching time during clinical experiences is devoted to developing affective skills, with the cognitive and psychomotor domain receiving the primary focus.[11] Faculty members, in agreement with clinicians, placed a decreased emphasis on the student being a positive contributor to the facility, possibly making room for a focus on student development in all areas. This alignment between faculty and clinicians highlights a shared prioritization of technical and cognitive skill development during clinical experiences. At the same time, the reduced attention to affective skills may represent a potential gap in supporting students' holistic growth as future healthcare professionals. As the journey to enhance affective domain performance continues, the value of the affective domain through the faculty lens may have implications on curriculum design and provide insight into teaching priorities that affect student outcomes in clinical education performance.

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References

1. Berg-Carramusa CA, Mucha MD, Somers K, et al. The time is now: leveraging the affective domain in PT education and clinical practice. J Phys Ther Educ (2023) 37(2): 102–7. doi: 10.1097/JTE.0000000000000271
2. Kinney M, Seider J, Beaty AF, et al. The impact of therapeutic alliance in physical therapy for chronic musculoskeletal pain: a systematic review of the literature. Physiother Theory Pract (2020) 36(8): 886–98. doi: 10.1080/09593985.2018.1516015
3. Cazzell M, Rodriguez A. Qualitative analysis of student beliefs and attitudes after an objective structured clinical evaluation: implications for affective domain learning in undergraduate nursing education. J Nurs Educ (2011) 50(12): 711–14. doi: 10.3928/01484834-20111017-04
4. Stephens M, Ormandy P. An evidence-based approach to measuring affective domain development. J Nurs Prof Educ (2019) 35(3): 216–23. doi: 10.1016/j.profnurs.2018.12.004
5. Jensen GM, Mostrom E. Handbook of teaching and learning for physical therapists. Philadelphia, PA: Elsevier; 2012.
6. Hower KI, Vennedey V, Hillen H, et al. Implementation of patient-centred care: which organisational determinants matter from decision maker's perspective? Results from a qualitative interview study across various health and social care organisations. BMJ Open (2019) 9(4): e027591. doi: 10.1136/bmjopen-2018-027591
7. Silberman N, LaFay V, Hansen RL, et al. Physical therapist student difficulty in clinical education settings: incidence and outcomes. J Phys Ther Educ (2018) 32(2): 175–82. doi: 10.1097/JTE.0000000000000046
8. Dupre AM, McAuley JA, Wetherbee E. Objectives to assess student readiness for first, full-time clinical education experiences in physical therapist education. J Phys Ther Educ (2020) 34(3): 242–51. doi: 10.1097/JTE.0000000000000151
9. American Physical Therapy Association. Physical therapist clinical performance instrument. Alexandria, VA; 2006. Available from: http://www.apta.org/PTCPI/ [cited January 2025].
10. Fitzgerald LM, Delitto A, Irrgang JJ. Validation of the clinical internship evaluation tool. Phys Ther (2007) 87(7): 844–60. doi: 10.2522/ptj.20060054
11. Christopher C, Maloney B. How much value do physical therapy clinicians place on affective domain skills during clinical experiences? Interprof J Healthc Res. (2024) 1(1): 1–9.
12. Goulet C, Owen-Smith P. Cognitive-affective learning in physical therapy education: from implicit to explicit. J Phys Ther Educ (2005) 19(3): 67–72. doi: 10.1097/00001416-200510000-00009
13. American Council of Academic Physical Therapy, American Physical Therapy Association, APTA Academy of Education. A vision for excellence in physical therapy education: culmination of the work of the education leadership partnership. J Phys Ther Educ (2021) 35(Suppl. 1): 1–35. doi: 10.1097/JTE.0000000000000216
14. Timmerberg J, Dole R, Silberman N, et al. Physical therapist student readiness for entrance into the first full-time clinical experience: a Delphi study. Phys Ther (2019) 99: 131–46. doi: 10.1093/ptj/pzy134
15. Sönmez V. Association of cognitive, affective, psychomotor and intuitive domains in education, Sönmez Model. Univers J Educ Res (2017) 5(3): 347–56. doi: 10.13189/ujer.2017.050307
16. APTA.org. Clinical education development. Available from: https://www.apta.org/for-educators/clinical-education-development/ccip-level-2 [cited March 2025].
17. Jensen GM, Nordstrom T, Mostrom E, et al. National study of excellence and innovation in physical therapy education: part 1 design, method, and results. Phys Ther (2017) 97(9): 857–74. doi: 10.1093/ptj/pzx061
18. Taylor L. The affective domain in nursing education: Educators' perspectives. Doctoral dissertation. The University of Wisconsin-Milwaukee, 2014.
19. Naderifar M, Goli H, Ghaljaie F. Snowball sampling: a purposeful method of sampling in qualitative research. Strides Dev Med Educ (2017) 14(3): e67670. doi: 10.5812/sdme.67670

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Appendix A. Survey of physical therapy educator perspective on the value of the affective domain in clinical education

1. Is most of your time spent interacting with students in the clinic or in the classroom?
    - Clinic
    - Classroom
    - Roughly equal

You may already be familiar with the domains of learning. In case it has been a while, or you need a refresher here are the definitions of the three domains of learning.

- The affective domain involves how someone acts and feels (i.e. professional behaviors, empathy).
- The cognitive domain involves knowledge and thinking (i.e. understanding shoulder impingement, processing information to formulate an assessment).
- The psychomotor domain involves physical skills (i.e. hands-on skills, body awareness).

2. Please rank the following domains of learning related to the success of a typical PT student (drag the choices into the preferred order before advancing to the next question)
    - Affective Learning Domain
    - Cognitive Learning Domain
    - Psychomotor Learning Domain

3. Approximately what percentage of time do you spend teaching in the following domains during clinical rotation with a typical PT student?
    - Affective
    - Cognitive
    - Psychomotor

4. Please rate the following aspects of clinical care regarding how important the affective domain in a successful clinical rotation is.

	Very Important	Moderately Important	Slightly Important	Slightly Unimportant	Moderately Unimportant	Very Unimportant
Safety of self						
Safety of patients						
Awareness of patient rights						
Cultural competence						
Professional conduct						
Ethical guidelines						
Initiative: takes opportunity for learning						
Utilizes feedback						
Exhibits problem solving skills						
Positive contributor to the facility						
Communication skills written and verbal						
Communication skills professional and patient						
Empathy						
Self-reflection						

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5. Have you ever been or currently in a faculty role with clinical education (DCE or ADCE)?

6. Have you ever been or currently are the SCCE at any facility? Yes/No

7. Which of the following courses have you taken? Select all that apply
    a. Credentialed Clinical Instructor Program level 1
    b. Credentialed Clinical Instructor Program level 2
    c. Other coursework in clinical education
    d. None

8. What gender do you identify as
    a. Male
    b. Female
    c. Non-binary
    d. Other
    e. Prefer not to say

9. What is the highest degree you earned
    a. Associates
    b. Bachelors
    c. Masters
    d. DPT or other clinical doctorate
    e. PhD, ScD, EdD or equivalent

10. How long have you been or were a CI?
    a. Never a CI
    b. 1–5 years
    c. 6–10 years
    d. 11–15 years
    e. 16–20 years
    f. 21–25 years
    g. 25+ years

11. Do you have a Board-Certified Specialty in PT?
    a. None
    b. Cardiovascular & Pulmonary
    c. Electrophysiology
    d. Geriatrics
    e. Neurology
    f. Oncology
    g. Orthopedics
    h. Pediatrics
    i. Sports
    j. Women's Health
    k. Wound
    l. Multiple