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The RISE ME Clinical Supervision Model Based on Microsoft Teams to Enhance Teacher Performance

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Abstrak

Pengembangan model supervisi klinis RISE ME menggunakan aplikasi Microsoft Teams merupakan model yang mengintegrasikan aplikasi Microsoft Teams ke dalam pelaksanaan supervisi klinis. Penelitian ini bertujuan untuk menganalisis pelaksanaan supervisi klinis saat ini, mengembangkan model, dan menganalisis keefektifan model terhadap kinerja guru. Penelitian ini menggunakan metode Research and Development. Pengumpulan data dilakukan melalui wawancara, kuesioner, dan dokumentasi. Analisis data dilakukan secara deskriptif dan kualitatif. Dalam penelitian ini ditemukan beberapa tantangan dalam pelaksanaan supervisi klinis oleh kepala sekolah saat ini, antara lain rendahnya inisiatif guru untuk meminta supervisi klinis dan kurangnya fleksibilitas dalam pelaksanaan supervisi klinis. Model supervisi klinis berbasis teknologi dikembangkan dan divalidasi oleh para ahli, sehingga menjadi model yang valid. Selanjutnya, model diuji dalam skala terbatas, efektif meningkatkan kinerja guru. Model supervisi klinis saat ini masih belum efektif. Model supervisi klinis yang dibutuhkan saat ini berbasis teknologi. Model yang dikembangkan efektif meningkatkan kinerja guru.

***Kata kunci*:** *Pengembangan, Supervisi Klinis,* Microsoft Teams, *Kinerja Guru*

Abstract

The development of the RISE ME clinical supervision model using the Microsoft Teams application is a model that integrates the Microsoft Teams application into the implementation of clinical supervision. This research aims to analyze the current implementation of clinical supervision, develop the model, and analyze the model's effectiveness on teacher performance. The research utilizes the Research and Development method. Data collection is done through interviews, questionnaires, and documentation. Data analysis is conducted descriptively and qualitatively. In this study, several challenges were found in the current implementation of clinical supervision by school principals, including low teacher initiative to request clinical supervision and a lack of flexibility in the implementation of clinical supervision. Based on the preliminary research, a technology-based clinical supervision model was developed and validated by experts, becoming a valid model. Furthermore, the model was tested on a limited scale, effectively improving teacher performance. The current clinical supervision model is still not effective. The needed clinical supervision model at present is technology-based. The developed model effectively improves teacher performance.

Keywords: Development, Clinical Supervision, Microsoft Teams, Teacher Performance

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1. INTRODUCTION

Teachers are a dominant component in improving the quality of education. They have a highly strategic role as lesson planners, facilitators, and assessors. This is due to their direct involvement in the school's teaching and learning processes. Teachers are a human resource component that needs continuous nurturing and development to fulfill their professional responsibilities (Ado, 2016; Kohli, 2018; Prayogi, Rayinda Dwi; Estetika, 2019). School supervisors' implementation of educational supervision is expected to advance and develop teachers' professionalism to teach effectively.

Clinical supervision is a form of supervision that focuses on efforts to improve the quality of teaching and learning processes conducted by teachers through a series of systematic and planned activities (Marwati et al., 2019; Nyoman, 2020; Sergiovanni & Starratt, 1993). Clinical supervision aims to assist teachers in developing and enhancing their

professionalism through various planning, observation, and feedback processes between the teacher and the supervisor (Babo et al., 2022; Gall & Acheson, 2015).

The stages of implementing clinical supervision which consists of 1) Reporting, 2) Planning, 3) Implementation and Supervision, 4) Data Analysis, dan 5) Feedback and Follow-up. Meanwhile, previous study state that there are five steps in clinical supervision, namely 1) Preconference, 2) Observation, 3) Analysis and Planning, 4) Post Conference, dan 5) Critique (Glickman et al., 2017). In this study, the researcher will attempt to integrate these two theories into the RISE ME clinical supervision model developed by the researcher. Supervision is carried out to identify the causes and weaknesses in teachers' teaching and learning process (Dwikurnaningsih & Paais, 2022; Sari et al., 2017). The causes and weaknesses are identified to seek professional assistance, which is implemented through dialogue, to overcome the weaknesses in the teaching and learning process (Chaula, 2023; Lestari, 2019). By conducting clinical supervision, which is assumed as a guidance service for teachers, it is expected that it can enhance and develop teachers' performance in delivering instruction.

Essentially, clinical supervision stems from the initiative of teachers themselves, dissimilar to academic supervision, where the implementation is determined by the supervisor. In clinical supervision, the initiative comes from the teachers themselves. Ideally, the effort to improve teaching practices should originate from the teachers involved rather than from external parties. The initiative to enhance teachers' abilities is crucial to be developed as it serves as the seed that will soon grow into capacity-building activities for teachers based on awareness (Fauzi, 2020; Gibbs et al., 2018).

Based on the researcher's observations and interviews conducted at SMP N 9 Salatiga, it was found that teachers feel uncomfortable with the presence of supervisors during classroom observation in the clinical supervision process. Teachers are also reluctant to openly explain and seek supervision from supervisors or the school principal regarding the challenges they face in teaching. Additionally, there are difficulties in scheduling meetings between the school principal and teachers for intensive supervision sessions. Regarding the improvement of teachers' performance, based on an interview with the principal of SMP N 9 Salatiga, it is known that the overall performance of teachers has been stagnant with no improvement from year to year. Therefore, appropriate clinical supervision is needed to enhance teachers' performance. Adequate and effective supervision can positively correlate with the research conducted which states that the better the implementation of supervision, the better the teachers' performance will be (Usman, 2018).

Improving teachers' performance requires supervision capabilities supported by Information and Communication Technology (ICT). Technology drives schools to enhance educational management in teaching and learning activities within the school (Laurell et al., 2019; Umardulis, 2019). Furthermore, it improves the quality of education, making school management more accountable, transparent, and democratic (Gallego-Arrufat et al., 2015; Mesiono et al., 2021). The results are consistent with the conclusions drawn by previous study who stated that clinical supervision based on ICT is highly effective in enhancing teachers' performance (Andani, 2017). Additionally, ICT-based clinical supervision helps school teachers identify their strengths and weaknesses in delivering classroom instruction, thereby facilitating them to improve the teaching and learning process (Veloo et al., 2019; Watkins Jr, 2021).

Moreover, through interviews with teachers at SMN 9 Salatiga, it was found that they have the ability to use ICT facilities effectively. This is consistent with the findings of Sumintono's research, which revealed that teachers' attitudes towards learning with mastery of ICT infrastructure showed positive results in terms of improving teachers' classroom teaching skills (Rugaiyah et al., 2019). The fulfillment of ICT infrastructure standards in the

school also facilitates the teachers' ability to use ICT. According to the school principal, SMP N 9 Salatiga has installed 4 hotspot points for teachers and students to utilize in accessing learning resources through the internet. With such conditions, it indicates that ICT-based clinical supervision can be implemented. Based on the background above, the researcher is interested in conducting a study on developing the RISE ME clinical supervision model based on Microsoft Teams technology to enhance teachers' performance in schools.

2. METHODS

This research follows the model of Research and Development (R&D) that follows the five stages of Borg and Gall's model development (Borg, W R & Gall, 2003), with the limitation of the fifth stage. The five stages include: 1) Research and Information Collecting, The researcher analyzed the need for clinical supervision in schools by conducting interviews with teachers and school principals. 2) Planning, the researcher then proceeded to plan the development of the clinical supervision model based on various concepts and theories related to clinical supervision that would support the creation of a model to address the identified issues. 3) Develop Preliminary Form of Product, The researcher developed a design for the RISE ME clinical supervision model by utilizing the features available in the Microsoft Teams application. 4) Preliminary Field Testing, The researcher conducted testing of the RISE ME clinical supervision model based on Microsoft Teams in schools, and 5) Main Product Revision, The researcher revised the weaknesses identified during the limited testing in order to maximize the effectiveness of the model.

The study was conducted in two schools, namely SMP N 9 Salatiga and SMP Kristen Satya Wacana Salatiga. The research subjects included two principals and six teachers selected through purposive sampling. Data collection techniques included interviews, questionnaires, and documentation. The data analysis technique used was quantitative descriptive analysis with the assistance of SPSS-25 to determine the average results and the influence of implementing the RISE ME clinical supervision model based on Microsoft Teams on teacher performance. Hypothesis testing will be conducted using the T-test, assuming the data is normally distributed and homogenous. The decision-making basis for data distribution normality and homogeneity follow accepted guidelines and statistical assumptions (Creswell, 2008).

3. RESULTS AND DISCUSSION

Results

Preliminary Study

According to the interview results, the clinical supervision process in the school consists of several stages: 1) Planning, which involves scheduling meetings between teachers and the school principal to implement clinical supervision. 2) Implementation of clinical supervision, which includes discussions between the school principal and teachers regarding the challenges faced in teaching and learning. Teachers share information about the learning situation and student responses in the classroom. They also express concerns about students' character, academic difficulties, and any issues they personally encounter. The school principal provides suggestions to teachers on how to overcome these challenges and reinforces desired teacher behaviors. 3) Feedback, in which teachers take action based on the suggestions and feedback received from the school principal. Teachers then report on the outcomes and conditions after implementing these actions in the classroom. This reporting is documented in a Reflection Sheet prepared by the teachers.

Based on the interviews with school principals and teachers, it was found that clinical supervision has not been implemented optimally in the school. The suboptimal implementation of clinical supervision can be attributed to several limitations, as indicated in Figure 1.

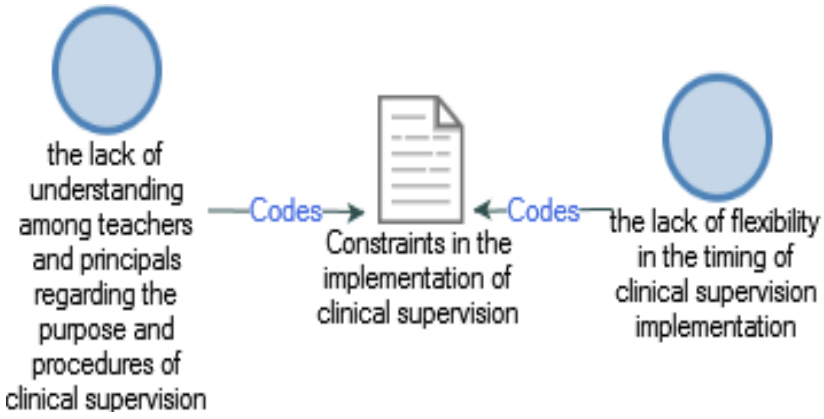

Figure 1. Issues Related to the Implementation of Clinical Supervision

The school principal and some teachers do not fully understand the concept of clinical supervision. The principal also explained that on several occasions, there were teachers who requested advice or guidance on instruction, but it was not carried out intensively due to limitations. Furthermore, based on interviews with several teachers, the implementation of monitoring or supervision is still seen as the primary responsibility of the school principal and supervisors. This lack of initiative from teachers to request clinical supervision from the principal remains low. Consequently, teachers tend to wait for instructions from the principal and feel reluctant to independently seek supervision from the principal or supervisors. Thirdly, the scheduling conflicts between teachers and the school principal pose a constraint because there are other activities that the principal needs to attend to, making the timing for clinical supervision less flexible for the teachers. These findings indicate two main problems: the lack of understanding among teachers and the principal regarding the purpose and procedures of clinical supervision, which leads to a lack of initiative from teachers in requesting clinical supervision, and the lack of flexibility in the timing of clinical supervision due to other commitments of the school principal.

On the other hand, through the interview results, the school principal and teachers acknowledge that supervision activities are beneficial for improving teachers' quality. They recognize that clinical supervision helps teachers identify areas for improvement, discover new ideas, and stimulate creativity for innovative teaching practices when implemented optimally.

Model Development

The developed clinical supervision model, utilizing the Microsoft Teams application, facilitates the implementation of clinical supervision in schools. The app-based clinical supervision model developed is called RISE ME Clinical Supervision Model, which comprises five stages: reaching headmaster, intending to find solution, scrutinizing the implementation, exchanging ideas, dan monitoring & evaluation. The RISE ME clinical supervision based on Microsoft Teams is displayed as shown in Figure 2.

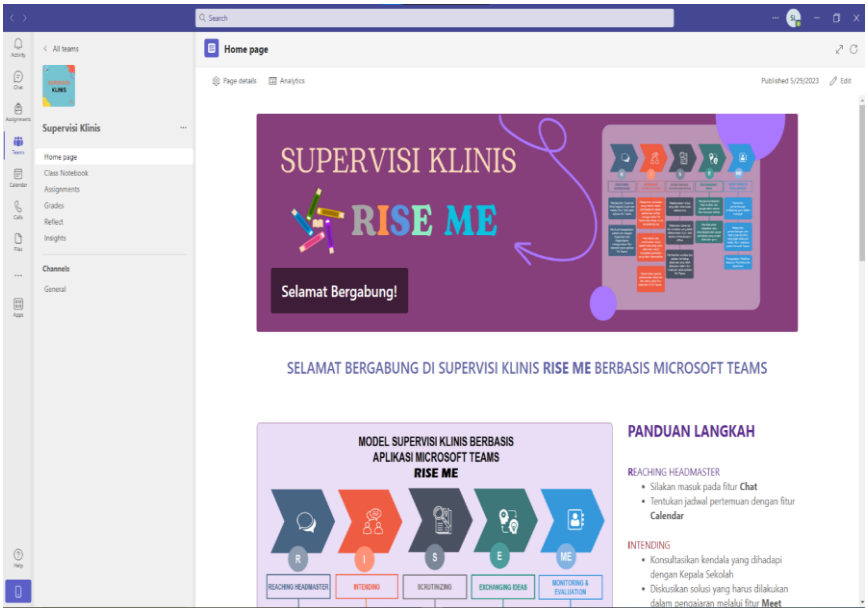

Figure 2. Homepage Which Contains the Model and Steps of RISE ME Clinical Supervision

The app-based clinical supervision model utilizing Microsoft Teams is developed based on the assimilation of two theories of supervision steps. The steps are reporting, planning, implementing supervision, analyzing and providing feedback, and follow-up. Meanwhile the other stated that steps in clinical supervision consist of preconference, observation, analysis and planning, post-conference, dan critique. From these two theories, the researcher has developed a stage of clinical supervision which is collaborated with the use of Microsoft Teams application.

The advantages of this model include the use of technology that facilitates ease and flexibility in implementing clinical supervision. The RISE ME Clinical Supervision model, based on the Microsoft Teams application, can address emerging issues such as time constraints, inadequate manual documentation, and difficulties in scheduling. Furthermore, the integrated implementation of the RISE ME Clinical Supervision through the Microsoft Teams application greatly assists in monitoring the progress of supervised teachers. The development of the RISE ME Clinical Supervision model based on the Microsoft Teams application is displayed in Figure 3.

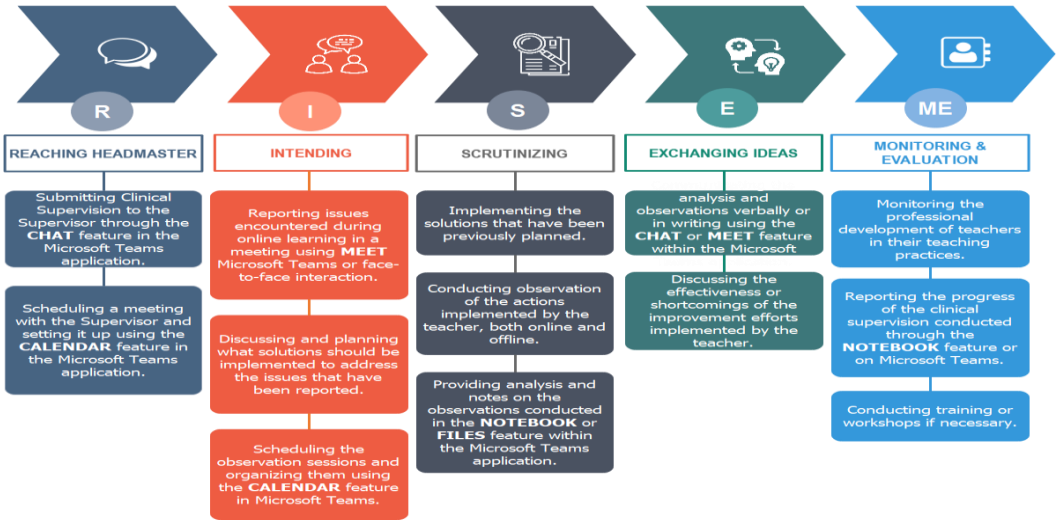

Figure 3. The RISE ME Clinical Supervision Model based on the Microsoft Teams

The RISE ME clinical supervision model consists of five stages: reaching, intending, scrutinizing, exchanging, and monitoring & evaluation. The five stages are explained as follows: The first stage of reaching the supervisor is when the teacher proposes to carry out clinical supervision to the school principal. The teacher fills out the form for the clinical supervision with a template including the name, class and the thing you want to consult. Then the teacher sends a clinical supervision application form via the chat feature on the Microsoft Teams application. Then the principal will respond to the teacher's proposal by confirming the time for carrying out clinical supervision. At this stage the teacher makes a meeting agreement with the principal to report problems experienced by the teacher in learning. Teachers and principals determine the right time for clinical supervision. The meeting time is then scheduled with the calendar feature, as displayed in Figure 4.

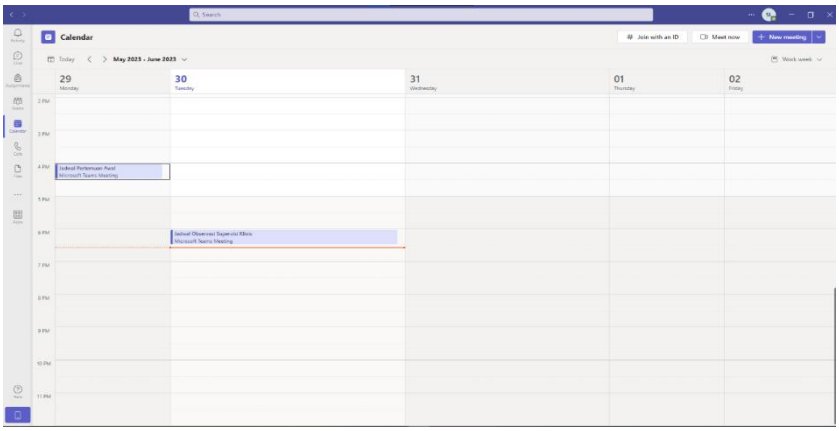

Figure 4. Scheduling Meeting Time with the Calendar Feature

The second stage, intending to find a solution, involves a meeting between the teacher and the school principal. The meeting can be conducted online or in-person, as agreed upon. Online meetings can be conducted using the Meet feature in the Microsoft Teams application, as shown in Figure 5.

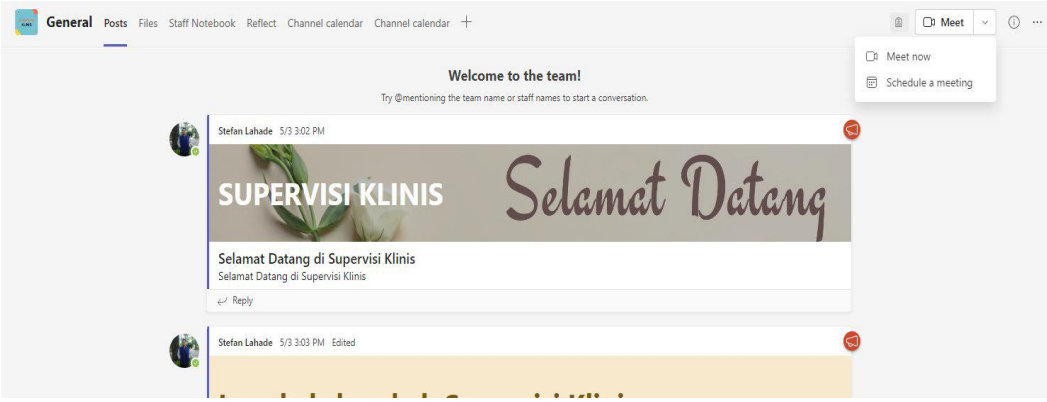

Figure 5. Online Meetings Through the Meet feature in Microsoft Teams

During this stage, the teacher reports the challenges faced in their teaching practice. The school principal then provides feedback through tips and suggestions regarding actions the teacher can take to address the challenges. Discussions are held to create a detailed plan for addressing the reported issues. The planning process is carried out in detail to assist the teacher in implementing instructional improvements. Next, the school principal determines the schedule for observing the implementation of the proposed improvements by the teacher.

The observation can be conducted online or offline. In the case of an offline observation, the school principal will be physically present in the classroom. If the observation is conducted online, the teacher must record a video of the clinical supervision session and upload it to the designated Microsoft Teams storage with a maximum upload date.

Stage three involves scrutinizing the implementation, which begins with the teacher carrying out teaching improvements based on the planning done together with the school principal in the "intending the solution" stage. This stage can be conducted either online or offline. If it is done online, the teacher records their teaching improvements as documentation of the implemented changes. The teacher then uploads the video recording of the teaching improvements via Google Drive. The school principal subsequently observes and analyzes the teacher's implementation of the teaching improvements through the uploaded video. If the implementation is done offline, the school principal attends the classroom and directly observes the teaching process conducted by the teacher. The school principal performs the observation using observation sheets available in Microsoft Teams storage. The observation sheets and notes from the school principal are entered into the respective teacher's notebook feature in the Ms Teams application. In the next step, the school principal schedules a discussion meeting with the teacher to discuss the implemented improvements. The meeting time can be scheduled using the calendar feature and can be conducted either online through Teams or offline through a face-to-face meeting.

Stage four, exchanging the ideas, involves the teacher receiving feedback from the school principal based on the observed and analyzed implementation of teaching improvements. During this stage, the teacher and the school principal discuss the effectiveness of the improvement efforts implemented by the teacher.

Stage five, monitoring and evaluating, involves the school principal monitoring the teacher's professional development in their teaching and conducting further clinical supervision. The teacher periodically reports the progress of the clinical supervision through the notebook feature in Microsoft Teams, which may include videos, notes on instructional practices, and other relevant materials, as shown in Figure 6. If further improvements are necessary, additional clinical supervision will be conducted to find more appropriate solutions to the teacher's challenges. These five stages of clinical supervision are conducted in a cyclical process, aiming to facilitate the teacher in addressing teaching issues continuously.

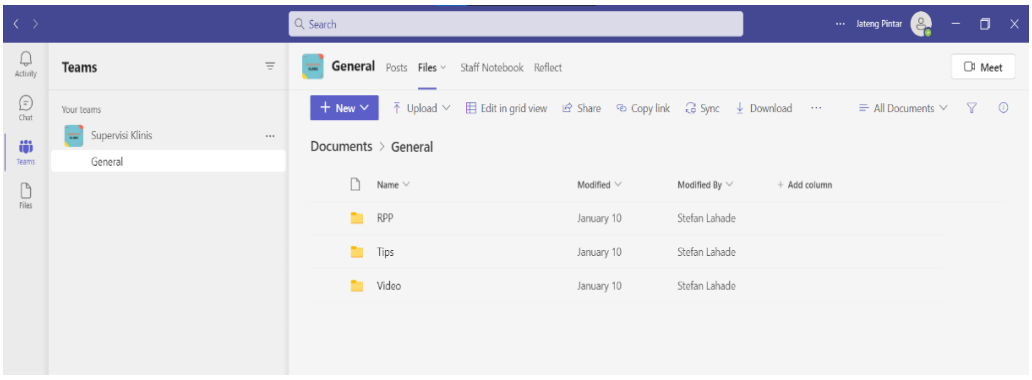

Figure 6. Teacher Reports the Progress of the Clinical Supervision Through the Notebook Feature in Microsoft Teams

The RISE ME clinical supervision model based on the Microsoft Teams application was further validated through testing with expert validators. The RISE ME clinical supervision model product was validated based on the Microsoft Teams application by distributing questionnaires to supervision experts and IT experts. The validation results from

the supervision experts showed a score of 86%. Based on this data, the interpretation of the score for the RISE ME clinical supervision model is considered highly valid. Furthermore, the validation results for the ease of IT usage conducted by the validators yielded a score of 89%, which falls into the category of highly valid. This indicates that the RISE ME clinical supervision model can proceed to the next step, which is a limited trial or pilot testing.

Model Testing

The results of a limited trial of the model for school principals and teachers can be observed in Table 1.

Table 1. Results of Limited Trial on the Model

No.	The Assessment Component of the Rise Me Clinical Supervision Model based on Microsoft teams	Value Score
1	Access	85%
2	Appearance	85%
3	Interaction	86%
4	Control	82%
5	Use	86%
	Total Means	**85%**

Based on the obtained value in Table 1, which is 85%, it falls into the category of highly acceptable, indicating that the developed product is suitable for use in the field of education, particularly for school principals and teachers. The next phase involves conducting a test to measure the model's effectiveness on teacher performance. The effectiveness testing is done using a T-test. Before conducting the T-test, prerequisite tests such as normality and homogeneity of data are performed. The results of the normality test are displayed in Table 2.

Tabel 2. Result of Data Normality Test

Group	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistics	df	Sig.	Statistics	df	Sig.
Group A	0.106	6	0.200	0.949	6	0.142
Group B	0.132	6	0.173	0.950	6	0.154

Based on the normality test results in Table 2, it can be seen that the data in Group A (pre-clinical supervision results using RISE ME) is 0.142 > 0.05, and in Group B (post-clinical supervision results using RISE ME) is 0.154 > 0.05. This indicates that the sig. value is greater than 0.05, suggesting that the data is normally distributed. The next step is to test the homogeneity of the data, and the results are displayed in Table 3.

Tabel 3. Result of Homogenity Test

Levene Statistics	df1	df2	Sig.
0.706	1	6	0.423

Based on the homogeneity test results in Table 3, the obtained sig. value is 0.423 > 0.05, indicating that the data is homogenous. Since the data is normally distributed and homogenous, the next step is to use the T-test to proceed with the effectiveness testing. The results of the T-test for assessing teachers' teaching abilities before and after implementing the RISE ME clinical supervision model based on Microsoft Teams can be seen in Table 4.

Tabel 4. Result of T Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Differences	std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Teacher Observation Results	Equal variances assumed	0.70	0.40	-17.57	6	0.000	-17.437	0.992	-19.421	-15.453
	Equal variances not assumed			-17.57	59.33	0.000	-17.437	0.992	-19.422	-15.452

Based on the Table 4, it can be observed that there is an increase in the mean value of teachers' performance when comparing before and after the implementation of the RISE ME clinical supervision model based on Microsoft Teams. Furthermore, the Sig. value (2-tailed) < 0.05, indicating that the null hypothesis (Ho) is rejected, and the alternative hypothesis (Ha) is accepted. This suggests a significant difference in teachers' teaching abilities before and after implementing the RISE ME clinical supervision model based on Microsoft Teams. With the observed difference showing an improvement in performance scores, it can be concluded that the RISE ME clinical supervision model based on Microsoft Teams effectively enhances teachers' teaching abilities.

The research findings reveal that the RISE ME clinical supervision model based on Microsoft Teams can be successfully implemented, allowing flexible discussions between teachers and school principals regarding scheduling supervision and addressing classroom issues. Schools need to ensure adequate facilities such as internet connectivity, computers, or laptops, as well as teachers' IT skills to optimize implementing the RISE ME clinical supervision model based on Microsoft Teams. The school principals and teachers provided no suggestions or criticisms, indicating that the model does not require further revisions.

Discussion

Based on the preliminary study through interviews with school principals and teachers, it was found that clinical supervision has not been fully implemented in schools. The implementation of clinical supervision is still primarily seen as the responsibility of school principals and supervisors. This has resulted in a low initiative among teachers to request clinical supervision from school principals. Teachers tend to wait for instructions from school principals and feel hesitant to independently seek supervision from them or supervisors. Previous study argued that Clinical supervision arises from the awareness and needs of teachers to improve teaching and enhance professional development through discussions and guidance with a supervisor (Tanama, 2018). Essentially, clinical supervision stems from the initiative of teachers themselves as the front line implementers of education, in contrast to academic supervision where the supervisor dictates the implementation. Supervision is often initiated by school principals or supervisors rather than teachers. Ideally, efforts to improve teaching practices should originate from the teachers themselves, rather than external parties. The initiative to enhance teachers' abilities is crucial to develop, as it

serves as the seed that will soon grow into capacity-building activities for teachers based on self-awareness (Gibbs et al., 2018; Shin & Son, 2007).

The alignment of schedules between teachers and school principals becomes another challenge because there are instances where school principals have other commitments, making the time for clinical supervision less flexible for teachers. The difficulty in determining a suitable time for intensive supervision between school principals and teachers has been revealed in research findings (Achmad & Miolo, 2021; Bello & Olaer, 2020; Ghavifekr et al., 2019). (Achmad & Miolo, 2021; Bello & Olaer, 2020; Ghavifekr et al., 2019; Hoque et al., 2020; Igbineweka et al., 2020; Laksmi, 2021; Mi, 2020; Wiyono et al., 2021).

Indeed, addressing the mentioned issue requires finding solutions to improve the implementation of clinical supervision in schools and enhance teachers' performance. Enhancing teachers' performance necessitates using supervisory capabilities supported by Information and Communication Technology (ICT) (Hoque et al., 2020; Umardulis, 2019). Technology is crucial in driving schools to enhance educational management in teaching and learning activities. In addition to improving educational management, technology also enhances the quality of education, making school administration m i ore accountable, transparent, and democratic (Igbineweka et al., 2020; Laksmi, 2021). The findings align with the conclusion drawn by previous study state that technology-based clinical supervision is highly effective in improving teachers' performance (Andani, 2017). Furthermore, technology-based clinical supervision helps school teachers identify their strengths and weaknesses in delivering classroom instruction, thereby facilitating their ability to enhance the teaching and learning process (Mi, 2020; Wiyono et al., 2021).

Further interviews revealed that the teachers had demonstrated proficiency in using ICT infrastructure and tools. This finding aligns with other research, which suggests that teachers' positive attitudes toward integrating technology in teaching and their mastery of ICT tools enhance their classroom teaching skills (Rugaiyah et al., 2019). The teachers' ability to use ICT is also facilitated by the availability of ICT infrastructure standards in schools. The school principal stated that SMP N 9 Salatiga and SMP Kristen Satya Wacana have installed hotspots that can be used by teachers and students to access learning resources on the internet. Such conditions signify the need to develop and implement technology-based clinical supervision in schools.

The developed model of clinical supervision is called the RISE ME model of clinical supervision based on the Microsoft Teams application. The RISE ME model of clinical supervision based on the Microsoft Teams application was developed through the assimilation of two theories of supervisory steps, as stated by the Ministry of Education and Culture. Previopus study state outline the steps of clinical supervision as preconference, observation, analysis and planning, post-conference, and critique (Glickman et al., 2017). From the theory, the researchers have developed the five stages of the RISE ME model of clinical supervision based on the Microsoft Teams application, which include reaching the headmaster, intending to find solutions, scrutinizing the implementation, exchanging ideas, and monitoring and evaluating.

The RISE ME model of clinical supervision based on Microsoft Teams is considered suitable for practitioners to use because it has undergone several stages of testing. Its suitability is evidenced by the scores obtained during the validation phase by both supervision experts and IT experts, which fall into the "very suitable" category. Additionally, experts gave valuable inputs to further optimize the developed product in solving real-world issues. Therefore, conducting a limited trial to assess its effectiveness and practicality is deemed appropriate. The results of the limited trial conducted with the teachers also yielded

scores in the "very suitable" category, indicating that the product is suitable for use in implementing clinical supervision for both school principals and teachers.

The integration of clinical supervision with TIK (Information and Communication Technology) in the model is considered appropriate and aligned with the research findings, showing a positive correlation. This suggests that implementing the clinical supervision model integrated with TIK in schools can contribute positively to the overall outcomes and effectiveness of the supervision process. Supervision with the integration of Information and Communication Technology (ICT) is needed as an appropriate breakthrough to be implemented in schools. The measurement results of teacher performance using the T-test showed an increase in the mean score from before to after being provided with the clinical supervision model RISE ME based on Microsoft Teams. Additionally, there was an influence of the supervision model on teacher performance. It can be concluded that the developed clinical supervision model RISE ME based on Microsoft Teams effectively improves teacher performance.

4. CONCLUSION

This research obtained the following results: 1) The current implementation of clinical supervision model in schools is less effective; 2) The needed clinical supervision model at present is technology-integrated clinical supervision; and 3) The developed clinical supervision model, RISE ME, based on the Microsoft Teams application, effectively improves teacher performance. This research suggests implementing the RISE ME clinical supervision based on Microsoft Teams in schools to enhance teacher performance. Future researchers can also test the model's effectiveness by involving teachers from other schools on a larger scale.

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