



Clinical Supervision Model to Improve the Quality of Learning in Elementary School

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ABSTRAK

Pelaksanaan supervisi kepala sekolah selama ini belum berjalan sebagaimana mestinya. Padahal hal ini merupakan hal yang penting dalam rangka peningkatan kompetensi guru. Penelitian ini bertujuan untuk meningkatkan kualitas pembelajaran melalui pelaksanaan supervisi klinis terhadap proses pembelajaran yang dilaksanakan oleh guru sekolah dasar. Jenis penelitian ini merupakan penelitian tindakan sekolah yang bertujuan untuk memperbaiki situasi atau melakukan inovasi sekolah dalam upaya meningkatkan mutu pembelajaran sehingga mampu menghasilkan siswa yang berpikir kritis, kreatif, inovatif, cakap dalam menyelesaikan masalah. Desain model supervisi klinis ini terdiri dari beberapa tahapan yaitu tahap pertemuan awal, tahap observasi, dan tahap pertemuan balikan. Subjek dalam penelitian ini sebanyak 12 orang guru sekolah. Pengumpulan data menggunakan teknik observasi dengan menggunakan lembar observasi yang dikembangkan berdasarkan model supervisi klinis. Dari hasil analisis data observasi supervisi klinis diperoleh gambaran bahwa skor pembelajaran pada siklus pertama mengalami peningkatan pada siklus kedua. Rerata skor pada siklus pertama yaitu 70,00. Sementara, rerata skor pada siklus kedua meningkat sebesar 95,00. Proses implementasi menyertakan pengujian instrumen penelitian supervisi klinis, observasi proses pembelajaran, dan melakukan asesmen pembelajaran. Analisis tahap pertemuan balikan dilakukan untuk mengidentifikasi keunggulan dan kelemahan guru dalam proses pembelajaran. Berdasarkan hasil dan temuan penelitian, dapat disimpulkan bahwa supervisi klinis yang dilakukan kepala sekolah dapat meningkatkan kualitas pembelajaran guru dalam hal pengembangan perangkat pembelajaran, pelaksanaan pembelajaran dan refleksi pembelajaran.

ABSTRACT

The implementation of the supervision of the principal so far has not been running as it should, even though this is an essential thing to increase teacher competence. This study aims to improve the quality of learning by implementing clinical supervision of the learning process carried out by elementary school teachers. This type of research is a school action research that aims to improve the situation or make school innovations to improve the quality of learning to produce students who think critically, creatively, innovatively, proficiently in solving problems. The design of this clinical supervision model consists of several stages, namely the meeting stage, the observation stage, and the feedback meeting stage. The subjects in this study were 12 school teachers. It collects data using observation techniques using observation sheets developed based on the clinical supervision model. From the results of the clinical supervision observation data analysis, it can be seen that the learning scores in the first cycle have increased in the second cycle. The average score in the first cycle is 70.00. Meanwhile, the average score in the second cycle increased by 95.00. The process of implementing the application of clinical supervision research instruments, observing the learning process, and conducting learning assessments. The analysis of the meeting stage was carried out to identify the strengths and weaknesses of the teacher in the learning process. Based on the results and research findings, it can be said that clinical supervision carried out in schools can improve the quality of teacher learning in terms of developing learning tools, implementing learning, and learning reflection.

1. INTRODUCTION

One of the duties of a school principal is to act as a supervisor for teachers and school staff (Erdianti, 2014; Subandi, 2018). Thus, it shows that a school principal is obliged to conduct educational supervision to develop their professionalism as a form of service to teachers and staff (Messi et al., 2018; Suradi, 2018). Furthermore, the implementation of supervision activities in teacher learning aims to identify teachers' understanding of their weaknesses and mistakes that are often made so that they need to be addressed to obtain improvements for better learning improvement (Aldaihani, 2017; Magen-Nagar, N., Firstater, 2019). Supervision is an aid to develop mastery of teaching and learning situations towards a better state (Flores, 2018; Wahyu, 2020). Supervision provides direction and conducts a critical assessment of the teaching process (Alwis et al., 2020; Beckers et al., 2016). It can be concluded that educational supervision is a service and assistance effort in guidance for improving the teaching process. In the context of school education, the quality of learning reflects the professional abilities of teachers (Caena, 2014; Nasser, 2017). Therefore, educational supervision is interested in efforts to improve the professional abilities of teachers, which will ultimately have an impact on improving learning processes and outcomes.

There are various kinds of supervision in education. One of them is academic supervision. Academic supervision is a form of supervision whose activities focus on helping teachers develop their ability to manage the learning process (Åkerlind & McAlpine, 2017; Honig & Rainey, 2019). The main object of academic supervision is academic aspects related to the learning process. Teachers, peers, or principals can carry out this type of supervision. Some several methods and techniques can be used in academic supervision. The methods used in academic supervision can be distinguished between individual and group (Paramudita, 2019; Wichmann-Hansen et al., 2015). Regarding the implementation of supervision by the principal, it has no effect on the teaching skills of teachers because this activity is only a supplement to administration (Kraft & Gilmour, 2016; Palavan et al., 2016). In addition, supervision activities have not fully built the independence of teachers in finding things that they feel are lacking in the learning process so that they do not provide opportunities to make decisions and find solutions to their own shortcomings (Goodwin et al., 2016; Moriarty et al., 2020). Whereas the purpose of holding supervision is to foster teacher performance in managing the learning process in the classroom (Douglas et al., 2016; StefaniMilovanska-Farrington, 2021). Therefore, it is necessary to provide assistance to teachers through clinical supervision that focuses on the actual behavior of teachers in the classroom through clinical supervision activities in the hope of improving learning skills, observing skills, analyzing curriculum implementation, and taking notes in order to improve teaching methods for the next learning process (Pront et al., 2016; Turner et al., 2016).

However, facts on the ground still often do not match the implementation of supervision in schools. The results of observations and interviews at one of the elementary schools in Bone regency, namely SD Inpres 6/75 Pacing, showed that the principal's implementation of supervision so far has not been running as it should. This is following several findings in the field; namely, supervision is still rarely carried out. Even though this is an important thing in order to increase teacher competence. The results found that supervision strategies that can be utilized and developmentally assessed throughout the program which can be used by principal in the school (Brandon et al., 2018; Springer et al., 2021). Therefore, clinical supervision can be developed in order to create model good teaching (Nasution et al., 2021). Where a good teaching model is one of the performance of a professional teacher and contextual factor in skill transfer from an instructional to a work environment are presented (Zeichner, 2012).

To create a good teaching model, it is necessary to be trained and assisted regarding the performance of professional teachers in order to create good quality learning. This can be done if the principal performs regular clinical supervision. However, things are different in SD Negeri 48 Pacing and SD Inpres 6/75 Pacing. Where at the school, there is no structured and systematic schedule related to the implementation of supervision by the principal. Furthermore, another problem related to the implementation of supervision by the principal is that teachers have not received guidance to improve their ability to manage the learning process in the classroom, which is a form of follow-up to the implementation of academic supervision. A similar problema research that academic supervision by school principals has not provided feedback on increasing the professionalism of elementary school religion teachers in improving the quality of learning in the classroom (Graham & Edwards, 2018; Suradi, 2018). Based on the description of the problems related to the implementation of supervision in the field, this research is focused on selecting the clinical supervision model as the right solution in conducting academic supervision of principals on public elementary school teachers in Kabupaten Bone.

Clinical supervision as supervision focused on improving teaching through a systematic cycle of intensive and careful planning, observation, intellectual analysis of real teaching performances in the interest of rational modification (Glanz, 2018; Hook et al., 2016; Hoque et al., 2020). Clinical supervision is not for administrative purposes but is more aimed at improving the teaching ability of teachers so that it gives a much better effect (Hoque et al., 2020; Motallebzadeh et al., 2017). Clinical supervision fosters

teacher performance in managing the learning process. The implementation procedure is more focused on finding the causes or weaknesses that occur in the teaching and learning process and then directly trying to improve these weaknesses or deficiencies. In this supervision, the emphasis is on clinical, manifested in face-to-face relationships between supervisors and prospective teachers who are practicing. Therefore, clinical supervision is a teacher's performance development in managing the teaching and learning process. Its implementation is designed practically and rationally. Both the design and implementation are carried out based on data analysis regarding classroom activities. Aspects of clinical supervision on five things, namely the clinical supervision process, the interaction between prospective teachers and students, the performance of prospective teachers in teaching, the relationship between prospective teachers and supervisors, and data analysis based on actual events in class (Kolman, 2018).

Clinical supervision aims to improve teacher teaching in the classroom and improve teacher performance (Glanz, 2018; Watkins Jr, 2021). The purpose of clinical supervision is to improve teacher teaching in the classroom (Borders, 2019). This objective is further broken down into more specific objectives, namely: providing objective feedback to teachers regarding their teaching; diagnosing and helping solve teaching problems; helping teachers develop their skills using teaching strategies; evaluating teachers for promotion and other decisions; and helping teachers develop a positive attitude towards continuing professional development. The characteristics of clinical supervision are clinical supervision takes place in the form of a face-to-face relationship between supervisor and teacher; the purpose of clinical supervision is for the professional development of teachers; clinical supervision activities are emphasized on aspects that are of concern to teachers as well as observations of teaching activities in the classroom; observations must be carried out carefully and in detail (Ibara, 2013; Tavit & Güngör, 2017). Analysis of the results of observations must be carried out jointly between supervisors and teachers, and the relationship between supervisors and teachers should be collegial rather than authoritarian (Kayaoglu, 2012; Saito & Atencio, 2013). There are several stages or procedure that can be carried out in order to carry out clinical supervision (Watkins Jr, 2021). The procedure are creating a good relationship between the supervisor and the teacher concerned so that the meaning of this supervision becomes clear to the teacher so that cooperation and participation increases; planning aspects of behavior to be improved and on what sub-topics; planning observation strategies; observe teachers teaching, may use assistive devices; analyze the teaching and learning process by supervisors and teachers separately; planning meetings may also be with third parties who want to know; conducting meetings, teachers are allowed to respond to their teaching methods before being discussed together, and make a new plan if the behavioral aspect cannot be improved and repeat the steps from beginning to end.

Clinical supervision as a model in developing teacher teaching, including teachers, should be applied maximally. There are eight activities in clinical supervision are as follows (1) the stage of building and strengthening the teacher-supervisor relationship, (2) the planning stage with the teacher, (3) the observation strategy planning stage, (4) the teaching observation stage, (5) the analysis stage of the learning process, (6) the strategic planning stage of the meeting, (7) the meeting stage, and (8) the stage of exploring the next meeting plan (McGhee & Stark, 2018). There are three stages in the clinical supervision process, namely (1) the planning stage, (2) the observation stage, and (3) the evaluation and analysis stage (Asakura & Maurer, 2018). During the implementation of clinical supervisión, the prosedure which is considered. They are the pre-observation, observation, and post-observation stages (Mireles-Rios & Becchio, 2018; Musundire & Dreyer, 2019). Finally, the steps in the clinical supervision process in detail are preparation, initial meeting, implementation, and feedback meetings (Marwati et al., 2019; Villavicencio-Martínez & Luna-Serrano, 2018).

This research focuses on the academic supervision process that is clinical in nature accompanying teachers in the context of developing and improving the learning process carried out by teachers. Clinical supervision techniques carried out in previous studies only focused on individual clinical activities through classroom visits, classroom observations, portfolio supervision and mentoring (Bulunz et al., 2014; Herbert et al., 2018). In this study, the clinical supervision technique carried out was not only in the form of individual clinical but also group clinical so that principals, teachers and researchers identified deficiencies and weaknesses that occurred during the learning process. Thus, from these weaknesses and shortcomings, principals and teachers seek solutions in order to improve the quality of learning. Therefore, teachers have self-supervision skills so that they can reflect on every lesson they have done. This study aims to improve the quality of learning through the implementation of clinical supervision of the learning process carried out by elementary school teachers.

2. METHOD

This research is a type of school action research characterized by efforts to improve or improve the quality of learning through academic supervision. The supervisory approach model used is a clinical supervision model with three stages, namely the initial meeting stage, the observation stage, and the feedback meeting stage, which is carried out in several stages cycle. The clinical supervision model in this study is a form of interrelated cycle, this cycle can be seen in Figure 1.

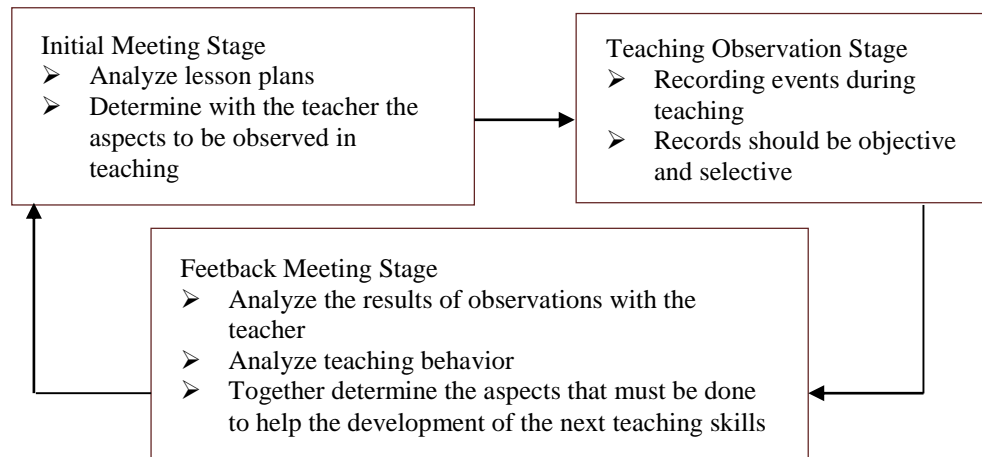


Figure 1. Clinical supervision cycle

This research was conducted at SD Negeri 48 Pacing and SD Inpres 6/75 Pacing, Awangpone, Bone Regency. By using simple random sampling technique, the sample in this study involving 1 principal and 12 teachers. Data collection techniques used observation techniques. The instrument of this research is an observation sheet in the form of a checklist on the indicators being measured. The indicators that will be assessed are related to clinical supervision, namely the skills of teachers in developing learning tools, including lesson plans, learning media, techniques and types of learning evaluations. For more details, the following is a grid of instruments used in observing teacher activities during the learning process.

Table 1. Grid of clinical supervision observation sheet instrument

No	Aspects and Indicators	Description of Observation Results
1.	Preparation of Learning Implementation Plan	
	a. Components of RPP preparation	
	b. Clarity of the formulation of learning objectives	
	c. Time Allocation	
	d. Learning scenario	
	e. Selection of teaching materials	
	f. Organizing teaching materials	
2.	Utilization of Learning Media	
	a. Compatibility with learning objectives	
	b. Compatibility with teaching materials	
	c. Compatibility with student characteristics	
	d. The use of media improves the quality of learning	
3.	Use of learning models	
	a. Use of relevant and fun learning strategies, models and/or methods	
	b. The use of learning methods and resources that support the achievement of learning objectives	
	c. Linking learning materials to student context	
	d. Use of learning methods/strategies that involve students	
4.	Use of various assessment techniques/methods	
	a. More than one assessment technique, e.g. written test, oral test, performance test, portfolio	
	b. More than one aspect of learning outcomes (attitudes, knowledge, skills)	
	c. Assessment process and learning outcomes	

The determination of the score of the observation activity is described with the provisions of (a) a score of 0 = if the activity is not observed during learning; (b) score 1 = if the activity is partially observed during learning and (c) score 2 = if the activity is observed perfectly in learning. The determination of the assessment criteria is described as follows.

Table 2. Assessment criteria for clinical supervision observation

Score	Criteria
91-100	Very good
81-90	Good
71-80	Enough
≥70	Poor

Data collection was carried out 2 times, namely in cycle 1 and cycle 2. All data were analyzed descriptively quantitatively by calculating the average score and percentage in each cycle. The indicator of the success of this research is the obtaining of a minimum score of 81 after the action of the clinical supervision model by the principal is obtained from the observation of the learning process during the implementation of supervision.

3. RESULT AND DISCUSSION

Result

The implementation of clinical supervision in cycle I started from planning supervision, namely planning supervision activities through pre-observation. The pre-observation activity corresponds to the initial meeting stage in the clinical supervision model. At this stage, the supervisor, in this case, the principal, and the teacher, discuss the skills to be observed and want to improve. Several problems and weaknesses of teachers were found at the initial meeting stage; namely, weaknesses in making lesson plan or learning implementation plans (RPP), the lack of use of learning media, the use of learning model innovations that are still minimal, and some teachers have not been able to choose the right type of learning assessment. For the competence of student learning outcomes during the learning process. Some of these findings are taken into consideration for the next step that the principal will take as the supervisor in assisting the teachers regarding the weaknesses found. The next stage is the observation stage. At this stage, the teacher conducted classroom teaching following the lesson plan that has been developed. Furthermore, the principal as a supervisor observes the implementation of learning by the teacher in the classroom. During the observation process, the principal notes and fills out the observation sheet by marking the checklist on the observed aspects and indicators. Furthermore, all aspects observed are then analyzed. The analysis results in the first cycle showed that the ability of elementary school teachers had increased, both in designing learning as outlined in the lesson plan and in implementing learning based on learning models that were following student learning achievement competencies (basic competencies and core competencies). However, the scores assessed in the first cycle, namely the scores obtained by the teacher in learning in designing lesson plans, implementing learning, and choosing the appropriate type of assessment, only reached 70. The score in cycle I was still below the success indicator.

The next stage in cycle I was the feedback meeting stage. At this stage, all the data from the teacher's learning achievement analysis was conducted by feedback (reflection). The aim is to provide reinforcements for weaknesses in implementing the learning carried out by the teacher. The findings of weaknesses that are still considered unfavorable and become material for improvement in cycle II are 1) there are 40% of teachers who are less than optimal in designing learning well; 2) there are still 60% of teachers who do not understand in choosing the use of learning media in accordance with the learning material, and 3) 50% of teachers were still lacking in developing assessment instruments for aspects of attitudes and skills. In addition, 30% of teachers have not paid attention to aspects of student character development and are not following the chosen learning syntax. The following is presented data related to the results of clinical supervision observations in cycle I and cycle II.

Table 3. Results of clinical supervision observations in cycles I and II

Statistic	Cycle I	Cycle II
Highest score	85	100
Lowest score	55	85
Score range	30	15
Mean	70	95

Statistic	Cycle I	Cycle II
Median	70	95
Mode	60	95
Variance	141.67	20.83
Standard deviation	11.902	4.564
Criteria	Poor	Very good

The results of the analysis and findings at the feedback meeting stage in cycle I were taken into consideration for improvement in a number of aspects of teacher competence assessed by the principal in cycle II. In accordance with the clinical supervision stage model, the implementation of supervision in cycle II is similar to cycle I, which begins with the initial meeting stage. The initial meeting stage in cycle II begins with submitting all findings of weaknesses that the teacher has when planning and implementing learning in cycle I by the principal. At this stage, an agreement was reached that the teachers were allowed to improve the deficiencies in the first cycle. The next activity was the guidance of the principal to the teachers. The principal's guidance activities mark this activity for teachers in designing lesson plans based on the findings of the weaknesses of the lesson plans in cycle I. The next activity is making a schedule and agreement regarding the process of implementing learning in cycle II. The implementation of learning in cycle II is carried out based on a predetermined schedule for several predetermined teachers.

The next activity is to continue the activities at the observation stage. The activity at this stage is the implementation of supervision by the principal through observation activities during learning. The observation process is carried out by filling out an observation sheet in the form of a checklist based on the aspects and indicators observed during the teacher's learning process. All observational data were analyzed to make interpretations of the analysis results related to the development of teachers' abilities in designing lesson plans and implementing learning. Furthermore, the principal carried out the clinical supervision model at the final meeting stage by conducting discussions with teachers regarding the results of observational data analysis during learning activities.

Activities at the final meeting stage (feedback) in the clinical supervision model were conducted using discussions between the principal and the teachers. Discussion activities were conducted with 12 teachers in groups based on the field of science and class teachers. The study material in the discussion is to reflect on all learning activities that have taken place, discuss the advantages and disadvantages and the obstacles during learning experienced by the teacher. Next, the principal analyzes the reflection results and discusses with the teacher the results of the learning reflection analysis. All findings of deficiencies in cycle I can be minimized in cycle II. The weaknesses showed that there was still one teacher who had a little difficulty in selecting the appropriate type of assessment on the skill aspect. In addition, two teachers still do not comprehensively understand choosing and designing the type of attitude aspect assessment. Furthermore, in the aspect of learning implementation, one teacher still had difficulty in carrying out learning that was not following the lesson plan. However, overall it was found that there was a significant increase in the ability of teachers from cycle I to cycle II in all aspects. Learning in cycle II has increased from cycle I to cycle II with an average score of 95. The average score is obtained from the analysis of lesson plans assessment, the results of observations during the implementation of learning, and the use of learning assessments. It is no longer found that teachers experience difficulties in formulating each component of the lesson plan. This has positively impacted the teacher's ability to carry out learning, evaluate, and follow up on the results with various appropriate efforts.

Discussion

Findings from preliminary observations related to the professional competence of elementary school teachers indicate that the implementation of supervision by the principal as a form of service to increase teacher capacity in preparing and implementing learning has not been carried out optimally. In addition, the preliminary study findings also show that teachers' ability to prepare and implement classroom learning is still weak. Furthermore, teacher weaknesses were also found in implementing assessment and evaluation of learning processes and outcomes. In this case, the results of the preliminary study can be concluded that the implementation of supervision by the principal that is less than optimal has an impact on the low ability of teachers and in designing and implementing learning and learning evaluation techniques in elementary schools, which leads to the low level of completeness of student learning outcomes in one of the elementary schools at Bone Regency. A similar study show that the implementation of supervision that is not optimal results in the low quality of the teacher's ability to prepare and implement learning in elementary schools (Dwikurnaningsih, 2018; Okkinga et al., 2018). Based on the preliminary study results, it is deemed necessary to carry out maximum supervision to increase teacher competence and performance. On the other hand, choosing the right supervision model will give optimal results (Alwis

et al., 2020; Kabilan & Khan, 2012). The description above emphasizes the need to consider establishing a supervision model that supports teachers' capacity and competence in preparing and implementing learning. Therefore, based on the consideration of the teacher's weaknesses in the preliminary study, a clinical supervision model was established to improve teacher performance in preparing and implementing learning and the assessment process in the classroom. The selection of the clinical supervision model as a form of principal's service has succeeded in improving the quality of the capacity of elementary school teachers in designing and implementing learning and assessment techniques and learning evaluations (Flores & Derrington, 2017; Marwati et al., 2019; Musundire & Dreyer, 2019).

This research was conducted in 2 cycles with the stages of the clinical supervision model consisting of the initial meeting stage, the observation stage, and the final meeting/feedback stage. The observations in the first cycle related to the teacher's ability to plan and implement learning obtained an average score of 70 with a 50% completeness percentage. Meanwhile, the average score in cycle 2 managed to reach 95 with a 100% completeness percentage. This finding is in line with several previous relevant research results, which show an increase in the quality of teacher capacity in the preparation and implementation of learning from cycle I to cycle II (Kustiyah, 2017; Rukayah, 2018). The implementation of supervision in this study emphasizes the provision of services and assistance by the principal to teachers. Supervision is an effort to provide services and assistance to teachers individually and in groups to improve teaching (Phuong et al., 2018; Quezada et al., 2020). Thus, supervision is one part of personal education management. The term supervision in schools is also often referred to as teacher service and coaching (Douglas et al., 2016). Supervision activities in this study emphasize improvements to the weaknesses or shortcomings of teachers in designing and implementing learning and learning evaluations so that they can improve the professionalism of teachers in the learning process and evaluation of learning in the classroom. This is in line with the principle of clinical supervision, which focuses on observing academic problems, which are directly within the scope of learning activities carried out by teachers to help students when they are learning or learning something (Li, S. A., Acai et al., 2021; Weitzel et al., 2012).

A discussion process carries out this supervision implementation model with the teacher regarding the problems they face and overcome. Supervision is carried out according to the agreement of the supervisor and teacher (Ozdemir & Yirci, 2015; Range et al., 2013). This clinical supervision model provides an opportunity for school principals to do the planning. The steps of this clinical supervision model include: first, the initial meeting (observation) stage, namely conducting initial discussions with teachers regarding the problems faced by teachers, formulating supervision objectives, supervision schedules, and developing instruments needed in the implementation of supervision. At this stage, the principal guides teachers in designing lesson plans that follow learning outcomes, selecting and using appropriate learning media, and selecting and using types of assessment and evaluation that are following learning objectives. Second, implementation after socialization and agreement with teachers, implementation of supervision includes checking the completeness of learning tools. All learning tools developed by the teacher are validated and given an assessment using a validation instrument, observing the learning process carried out by the teacher and filling out the learning implementation instrument as well as observing how the teacher conducts learning assessments. Third, analysis of the results of supervision by identifying the strengths and weaknesses of teachers. All data findings are analyzed and discussed with the teacher, then draw conclusions.

4. CONCLUSION

This study provides insight into one way to develop the teacher's competence to improve the quality of learning both through the development of learning tools and the development of learning strategies and approaches carried out in the classroom so that it has an impact on increasing students' skills in critical thinking, creative thinking, innovative, proficient in solving problems. Therefore, the principal as the person in charge of academic implementation in schools needs to supervise the quality and skills of teachers in terms of developing learning tools, implementing learning and learning reflection through clinical supervision. Thus, through clinical supervision techniques that are individual and group in nature can help teachers identify deficiencies and weaknesses that occur during the learning process. From these weaknesses and shortcomings, the principal and the teacher are looking for solutions in order to improve the quality of learning. Therefore, teachers have initial supervision skills to be able to reflect on each lesson.

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