Improving Teacher Professional Competence Through Clinical Supervision

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Abstract

The purpose of this study is to identify and describe the use of clinical supervision in developing teacher’s competency at SMA Tri Dharma Palembang. This is accomplished through the use of a qualitative technique with a case study design. Data collection methods include observation, interviews, and documentation, with a single data analysis. The results revealed that the application of clinical supervision at Tri Dharma High School Palembang went smoothly through three stages, namely pre conference, observation, and post conference, and boosted teacher competency in controlling the learning process. This study is new because it attempts to investigate the growth of teacher’s professional competence connected with the adoption of clinical supervision in senior high schools. This study is likely to help school principals who seek to increase teacher professionalism by using clinical supervision appropriately.

Keywords: Clinical Supervision; Professional Competence; Teacher.

A. Introduction

Teachers are critical to the success of the educational system. This is demonstrated by skilled and competent instructors in their fields of expertise at all levels of schooling. Teachers' potential must be further developed in order for them to carry out their tasks properly, since teachers are at the forefront of enhancing educational quality. The teacher is a profession that must meet specific standards in order to
carry out their activities and obligations, as stated in Article 39 (1) of the Law on the National Education System Number 20 of 2003, (2).

Professionalism in the teaching profession is continuously required in response to changing societal expectations. Professional instructors are not only a vehicle for transferring culture, but also for converting that culture into a dynamic culture, and they will be expected to grasp science, high productivity, and quality work in order to compete worldwide. Professional instructors act as movers and shakers, directing pupils' creative potential (Tilaar, 2018). The primary responsibility of the teacher as a difficult profession is to build self-professionalism in accordance with the advancement of science and technology (Bahri, 2015).

To increase educational quality, teachers' professionalism must be sought. In truth, many instructors continue to be unprofessional. There have been several roadblocks in the application of learning thus far. Inappropriate learning processes are one of the causes of subpar student achievement, as are less precise applications of learning, a lack of teacher readiness in the learning process, a lack of teacher creativity in delivering lessons, and learning media that are not used optimally in delivering subject matter, causing students difficulties in terms of learning concentration.

Clinical supervision is the solution to teacher learning concerns. Clinical supervision is analogous to diagnosing ill patients, thus the instructor receives a diagnosis during the teaching and learning process. Diagnosis is performed to determine which factors prevent the instructor from teaching well, and these factors are then thoroughly examined. The technique of giving the medicine is carried out under clinical supervision after the supervisor makes direct observations of the way the teacher teaches through feedback exchanges between the supervisor and the teacher in question. Feedback conversation is a discussion aimed at gathering feedback on the teacher's teaching's strengths and faults, as well as efforts to improve it.

This is inextricably linked to the principal's duty and function as a supervisor. According to Pidarta (2019), the principle has an obligation as a supervisor to help instructors become good educators and teachers. As a supervisor, the principal is responsible for developing appropriate educational policies and programs, making decisions, coordinating, and providing direction in solving curriculum problems, coaching teachers in job growth, developing learning materials that are more suited to school goals, completing teaching and learning processes, and conducting research to determine aspects of the curriculum and teacher training that are appropriate for the lates.

Furthermore, as a supervisor, the principal may help teachers improve their professional talents in the classroom by monitoring, reflecting on, and evaluating teacher conduct. The Minister of National Education's Regulation No. 13 of 2007 about Standards for Principals emphasizes five elements of competency standards for Principals, namely personality competence, management competence, entrepreneurial
competence, supervisory competence, and social competence. As indicated by Sahertian (2018), there is a need for monitoring in schools to develop the creative potential of students and condition their efforts in order to establish school culture.

In general, monitoring is generally implemented in an authoritarian and regimented manner, making instructors uncomfortable with supervision. This is why competent clinical supervision is essential for enhancing students' talents and attentiveness. Clinical supervision is an effort made by the principal to carry out mature, systematic, and long-term development of a teacher's professionalism during the learning process in order to achieve effectiveness and to identify problems encountered by teachers when they fail to carry out their duties in terms of student responses through a series of learning processes.

Moris L. Cogan, Robert Goldhammer, and Ricard Willer created clinical supervision at the Hovard School of Education in the late fifties and early sixties as a method or strategy in mentoring potential teachers with clinical focus as a face-to-face contact between supervisor and teacher. In class, there are instructor candidates. Sergiovanni (1979) defines clinical learning supervision as a face-to-face interaction between supervisors and instructors to discuss instruction in the classroom in order to promote learning and professional growth. According to Nuratin (1989), clinical supervision is a mentoring that aims to intentionally increase the professionalism of teachers beginning with the initial meeting, class observations, and final meetings, which are carefully, thoroughly, and objectively analyzed to obtain changes in expected teaching behavior. Clinical supervision, according to Burhanuddin et al. (2017), is a type of professional assistance provided to prospective teachers or teachers based on their needs through a systematic cycle of planning, careful observation, and providing immediate objective feedback about their real teaching performance in order to improve teaching skills and attitudes. professional.

Clinical supervision management is described as a type of professional counseling provided to instructors depending on their teaching requirements. Clinical supervision, according to Daresh (2019), Goldhammer (2016), and Cogan (2017), is an effective method in learning supervision for developing instructors' professional qualities. Clinical supervision management is carried out in a methodical cycle. Whereas this systematic cycle comprises planning, thorough observation of implementation, and rapid and objective analysis of observations on clinical supervision management in actual terms.

According to Archeson and Gall (1980), the goal of clinical supervision is to improve teacher teaching in the classroom by (1) providing objective feedback to teachers about their teaching, (2) diagnosing and assisting in the resolution of teaching problems, (3) assisting teachers in developing their skills using teaching strategies, (4) evaluating teachers for promotions and other decisions, and (5) assisting teachers in developing a positive attitude toward continuous professional development.
According to Acherson and Gall (1980), there are broad concepts and numerous supplementary principles that are utilized as the basis for clinical supervision activities, which are as follows. (1) focuses on instructors rather than supervisors, (2) more interactive between teachers and supervisors. Instead of directives, they are essentially equal and assist each other in improving their professional attitudes, (3) democratic rather than authoritarian emphasizes the importance of both parties being open, (4) the goals of supervision are based on the needs and aspirations of teachers, (5) feedback on the teaching and learning process of teachers is given immediately, and the results of their services must be in accordance with a mutually agreed upon framework, (6) the supervision offered is help with the goal of increasing teaching abilities and professional attitudes, and (7) the study's focal point. Only few teaching skills require monitoring in teaching and learning activities.

As follows, Sahertian (2018) describes three steps in the application of clinical supervision. First, a teacher complained in this initial meeting that when carrying out teaching tasks in the classroom, he experienced challenges that were difficult to address on his own. Second, we get to the second step of observation. At this step, the supervisor employs a checklist observation tool, and the outcomes of these observations are analyzed. The third step is the final action, which is the dialogue that takes place after the analysis is completed. This discussion takes place between the supervisor and the teacher. This dialogue will indicate that the instructor does, in fact, have a problem in the classroom. Both supervisors and teachers are trying to discover the best approach to rectify inadequacies and increase their professional abilities in this scenario.

Clinical supervision is one of the tasks of principals, senior teachers, and the Education Office's supervisory team in cultivating teachers through the supervisory function. Supervision is primarily coaching and guiding to address educational difficulties, including challenges experienced by instructors and students in the learning process, rather than looking for teaching errors. When preparing reports for transitory requirements, monitoring is carried out accidentally with no follow-up on the findings of supervision. Furthermore, according to a study, there is a difference between expectations and reality when it comes to implementing monitoring. The nature and aim of supervision reveal gaps. Although it is widely acknowledged that the aim of supervision is to aid in the improvement of the learning process, in reality, supervisors place a greater focus on instructors' administrative obligations (Sagala, 2018).

Sahertian (2016) identifies numerous characteristics that promote the establishment of clinical supervision for instructors, including 1) in reality, supervisors only do teacher evaluations in monitoring; 2) the implementation center is the supervisor, who is not focused on what the teacher needs, both professional needs, therefore instructors do not receive anything valuable for their professional growth; 3) the qualities examined by a merit rating (a technique for measuring teacher competency) are too generic and abstract; 4) the feedback acquired from the approach's results is to offer guidance, instructions, instructions, and does not address the instructors' innermost human difficulties, so it is only on the surface; 5) no link is established between identification
and self-analysis so that teachers may see their own self-concept; 6) the instructor discovers his identity via self-diagnosis and analysis. He must be conscious of his abilities to accept himself and motivate himself to progress.

This callous behavior leads to a failure to provide instructors with enough supervision. As a result, clinical monitoring is required. So, the goal of clinical supervision is to give services and aid in a humane manner, stressing the approach and growth of instructors individually so that they may better identify themselves and enhance learning patterns.

B. Methods

This research was carried out at SMA Tri Dharma Palembang from April 2022 to May 2022, comprising preparation activities, data gathering, data analysis, and research report writing. The research backdrop was completed in different phases, including preparatory study, pre-field stage, field stage, data analysis stage, and preparation stage. The qualitative research approach was applied in this study. The goal of this study is to collect information on how clinical supervision is used to improve teachers' professional competence. The researchers interviewed administrators, educators, and any school stakeholders who could offer reliable information regarding the subject of this study. Data gathering methods include observation, interviews, documentation, and a review of the literature. This study's data analysis approaches included data reduction, data presentation, and generating conclusions.

C. Results and Discussion

Improving Teacher Professional Competence Through Clinical Supervision

Clinical supervision research findings are a type of supervision or supervision in which supervision activities are professionally carried out by the principle and deputy principal at Tri Dharma Palembang High School. Guidance is provided based on the requirements of each instructor. Clinical supervision as improvement supervision is meant for instructors who have trouble with learning activities. The study's findings are consistent with supervision in the most basic meaning, namely watching, reviewing, or looking from above, which is carried out by superiors (supervisors/principals) in order to realize learning activities (Masaong, 2019). This is reaffirmed clinical supervision is focused on enhancing learning through a systematic cycle beginning with the planning, observation, and intense analysis phases of learning performance with the goal of improving the learning process (Iskandar, 2018). A supervision is clinical if it includes indicators - indications for repairing teacher deficiencies are progressive, and the process is hard, time demanding, requires a lot of energy, and requires a lot of thinking, thus this supervision is only used on very poor instructors (Pidarta, 2019).
Furthermore, the application of clinical supervision through individual procedures, class observations, and private dialogues is divided into three stages: planning, implementation, and assessment. This is consistent with the belief that supervision using individual techniques entails individual supervision, which is accomplished by 1) making class visits, 2) conducting class observations, and 3) conducting individual interviews (Maunah, 2019).

Furthermore, clinical supervision is focused on increasing learning through a systematic cycle that begins with planning, observation, and detailed analysis of learning performance with the goal of improving the learning process. Furthermore, the study's findings show that classroom instructors' concerns at SMA Tri Dharma Palembang are in the administration of learning, teaching, and learning activities. In administrative operations, many class instructors at Tri Dharma Palembang High School continue to copy-paste lesson ideas from other friends or from the previous year. Furthermore, just a tiny percentage of instructors utilize evaluation tools, and even fewer can assemble and interpret assessments. This also has an influence on pupils when instructional activities are not carried out successfully and efficiently, as seen by inadequately allotted teaching time, which causes instructors to sense a lack of teaching time. According to current opinion, many teachers have obtained certificates as professional teachers, but the reality in the field of learning patterns as professional teachers has not seen a significant change, due to a lack of mastery of the material being taught, an assessment system that is not oriented towards assessing student performance, and professional development in activities is still low, so the learning process does not go well (Masaong, 2019).

Various challenges experienced by class instructors at SMA Tri Dharma Palembang, as indicated above, must be addressed, notably through clinical supervision. Clinical supervision is used to improve the professional competence of classroom instructors at SMA Tri Dharma Palembang on a continuous basis. According to clinical supervision, the first step is planning, followed by the second stage of implementation, and the last stage of monitoring and assessment. The method of implementing clinical supervision is organized in the form of a cycle with three stages: the initial meeting (introduction), the class observation, and the final meeting or feedback meeting. The detection of teacher professional competence is anticipated to offer information on the teacher's knowledge, attitudes, and skills as an educator. Teachers describe and characterize their own skills via verbal detection. This encourages instructors to characterize themselves and analyze how far their abilities have progressed, so raising awareness of their own weaknesses.

The outcomes of oral teacher competency detection are also employed as evaluation materials in the classroom teaching and learning process. According to Usman in Saiful Sagala's book Professional Ability and Education Personnel, professional competence includes: 1) mastering teaching materials, which means that instructors must comprehend the subject matter to be taught thoroughly. Mastery of the curriculum's major content and supplementary items. 2) The capacity to create
teaching programs, which includes the ability to identify learning skills, create learning materials, and create learning methodologies. 3) The capacity to create assessment tools for learning outcomes and processes (Sagala, 2018). The principal observes the real-world conditions of the teaching and learning process in the classroom to assess teachers' professional competence in giving lessons to students, mastery of the material, material development, media use, how to interact with students, and how teachers assist students who face learning barriers. The principal evaluates the thoroughness of teacher administration to ensure that the teaching process is structured and guided. This is consistent with supervisory activities that are more focused on attempts to develop instructors' professional competencies. The duties in question include, among other things, (1) enhancing teachers' capacity to plan or prepare for teaching; (2) improving teachers' ability to handle classroom equipment; and (3) improving teachers' ability to compile reports on student learning progress (Banun et al., 2016).

Teachers are required to be able to monitor and assess student learning outcomes. The school administrator evaluates teachers' professional ability in carrying out the planning stage. The principal gathers as much information as possible from implementation observations, which will subsequently be utilized as material for monitoring and evaluating teacher effectiveness in the teaching and learning process (early-stage implementation). This can be used as a review for instructors to improve their professional competence. According to the activities carried out at the feedback meeting stage, the following activities are carried out: 1) Supervisors review learning objectives; 2) Supervisors review the level of skills and attention of teachers in teaching; 3) Determining future teaching plans together, both in the form of encouragement to improve things that have not been mastered at the previous stage (teaching and learning processes that have been carried out) or other skills that need to be implemented (Maunah, 2019).

The results of the following study reveal that clinical supervision has both advantages and downsides. Clinical supervision has the benefit of allowing problems to be handled correctly and comprehensively, as well as increasing instructors' professional competence because problem resolution is done as a whole and reviewed on an ongoing basis. While the lack of clinical supervision necessitates a lengthier implementation period. The preceding is in compliance with the clinical supervision indicators, which are as follows: 1) The observations made during the supervision process are highly precise in order to get detailed data; 2) The feedback meeting on the supervision findings was carried out in depth, encompassing all parts of weaknesses that are being repaired; 3) Because the technique is hard and requires a lot of time, energy, and thinking, this supervision is only used on the most inept instructors (Pidarta, 2019).
Supporting Factors for Clinical Supervision Implementation in Improving Teacher Professional Competence

The findings revealed that the Principal of SMA Tri Dharma Palembang, aided by his deputy principal, constantly offered advice and direction to teachers in order for them to carry out their tasks as effectively as possible. The principal also advised instructors to complete administrative needs as soon as possible so that administrative completeness could be achieved. The principal must be able to establish a pleasant work atmosphere for his or her employees. Teachers can do their tasks more effectively if they are in a comfortable setting. This is consistent with supervisory principles, namely: 1) the connection between instructor and supervisor is more participatory than directive. This dynamic contact between instructor and supervisor demonstrates an equitable collegial relationship. 2) Decisions on action are made democratically. Both parties’ (teacher-supervisor) transparency is encouraged. They each have the right to express their opinions, and they eventually reach an agreement (Maunah, 2019). Another point of view claimed that when clinical supervision is implemented, the supervisor, among other things, 1) establishes an intimate and open environment; 2) The supervisor goes through the teacher's lesson plan, which includes learning objectives, resources, teaching and learning activities, and evaluation techniques; 3) The supervisor goes through the skill components that the instructor will attain in learning activities.

It can be concluded that several factors support the implementation of clinical supervision at SMA Tri Dharma Palembang, such as the completeness of the assessment instrument, facilities and infrastructure, and appreciation that High grades are given from the implementation of clinical supervision as an effort to increase the professional competence of classroom teachers as well as to improve the quality of education. This is consistent with the belief that several factors influence the success or failure of supervision or the speed with which supervision results, including: a) the community environment in which the school is located, b) the size of the school under the principal's responsibility, c) the level and type of school, d) the condition of the available teachers and employees, and e) the principal's own skills and expertise (Purwanto, 2020).

Inhibiting Factors in Clinical Supervision Implementation in Improving Teacher Professional Competence

The impediment to instructors enhancing their competency in the teaching and learning process might arise from inside the teacher or from beyond, namely, the work environment. These issues should be addressed, if not avoided, so that instructors can increase their competency in the teaching and learning process as much as feasible. According to the findings of a study on the barriers to the implementation of clinical supervision in improving the competence of classroom teachers, several obstacles exist in carrying out clinical supervision, including: (a) a lack of time for clinical supervision; (b) teachers sometimes feel unprepared and
disturbed because they are not used to clinical supervision; (c) classroom teacher assessments are only formative; and (d) during the teaching and learning process, some teachers become frustrated. This is consistent with the belief that the implementation of clinical supervision will inevitably face challenges, such as: a) over administration; b) minimal face-to-face supervisor-teacher interaction; c) supervisor lags behind the development of learning technology; d) supervisor-teacher communication, superior-teacher model subordinate; e) Less use of other instructors as supervisors; f) Supervisors and teachers may feel more experienced, authoritative, and flawless at times (Purwanto, 2017a).

The same message was conveyed that several factors influence the success or failure of supervision or the speed with which supervision results include: a) the community environment in which the school is located, b) the size of the school under the principal's responsibility, c) the level and type of school, d) the condition of the teachers and staff available, and d) the principal's own skills and expertise (Purwanto, 2017b). In the framework of external issues, particularly those pertaining to the work environment, it is argued that numerous factors influence work spirit, namely: 1) a stimulating work culture or climate supported by harmonic and compassionate communication between leaders and subordinates (principals and teachers or staff); 2) Promoting positive attitudes and understanding among employees (teachers and staff); 3) Recognizing the need for accomplishment (desire and need to advance); 4) Supporting those who thrive; and 5) Supporting mental and physical well-being amenities such as sports grounds, mosques, and entertainment (Muhaimin, 2019).

**Efforts to Overcome Barriers to Clinical Supervision Implementation in Improving Teacher Professional Competence**

To overcome the factors impeding the implementation of clinical supervision in increasing the professional competence of teachers at SMA Tri Dharma Palembang, a planned solution is required, namely: (a) the problem is prioritized in its resolution; (b) supervisors must consider psychological, sociological, religious, comfort, and other aspects; (c) the improvement and joint development of the classroom teacher working group; and (d) the need for training, seminars, short courses, and other forms of education.

In this way, an educational supervisor can serve as: (1) Coordinator; As a coordinator, he may organize teaching and learning programs, as well as the tasks of staff members in a variety of activities that differ among teachers; (2) Consultant; As a consultant, he may offer support as well as counsel on difficulties encountered by instructors both individually and in groups; (3) Group leader; As a group leader, he may lead a group of teaching staff in building the group's potential while also improving the curriculum, subject matter, and professional needs of instructors; (4) Evaluators; as an evaluator, he may support instructors in analyzing learning outcomes and processes, as well as evaluate curriculum development. He also learnt
to stare in the mirror. He is helped to reflect on himself, namely his self-concept, his own views, and his reality (Purwanto, 2020). Furthermore, according to Sahertian, supervisors in education have eight functions: 1) coordinating all school efforts; 2) equipping school leadership; 3) expanding teachers' experience; 4) stimulating creative efforts; 5) providing facilities and continuous assessment; 6) analyzing teaching and learning situations; 7) providing knowledge and skills to each staff member; and 8) providing broader and integrated insights in formulating educational goals and improving education (Sahertian, 2018).

D. Conclusion

Implementation of clinical supervision in improving the professional competence of teachers at SMA Tri Dharma Palembang is a supervisory activity carried out by the principal, who is assisted by the vice principal, through the planning, implementation, and monitoring stages, as well as evaluation, using individual techniques, class observations, and private conversations with class teachers. There are a number of elements that both support and impede the application of clinical supervision in developing the professional competence of teachers at SMA Tri Dharma Palembang. Efforts are being made to overcome the factors that impede the implementation of clinical supervision in improving the professional competence of teachers at SMA Tri Dharma Palembang, including: 1) prioritization of problems in solving them; 2) supervisors must consider psychological, sociological, religious, comfort, and other aspects; 3) improvement and joint development of the classroom teacher working group; and 4) the need for training, seminars, short courses, and a teacher training program.

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