THE IMPLEMENTATION OF CLINICAL SUPERVISION IN IMPROVING THE QUALITY OF LEARNING AT AL-BAHJAH

Lili Gozali¹ & Mumun Munawaroh²*
¹²Institut Agama Islam Negeri Cirebon, Indonesia
* corresponding author: mumun@syekhnurjati.ac.id

ABSTRACT:
During the pandemic covid-19 era, teachers felt difficulties in adjusting their learning activities. This study aims to determine the implementation of clinical supervision in improving the quality of learning at SDIQu Al-Bahjah during the pandemic. Through a descriptive qualitative research approach, it was found that implementing clinical management at SDIQu Al-Bahjah during the pandemic was almost the same as implementing it in standard times. What distinguishes it is the findings. In the observation process, it was found that there was a mismatch between the agreed criteria and the learning actions carried out by the teacher. In the first cycle, the majority of teachers felt less prepared in terms of facilities in teaching. Of the 20 teachers, 18 people have not mastered online learning techniques, 12 people have not compiled the learning media needed during the pandemic. In the next cycle, there was significant progress. Almost all teachers had facilitated their learning needs. They can apply online learning with the media used. In the following process, observation is focused on maximizing the learning media on the learning functions that can be achieved. After several clinical supervision cycles, teachers successfully solved their learning problems and were more motivated to improve their professional competence continuously.

ARTICLE HISTORY:
Received: 19 February 2021
Accepted: 24 April 2021
Published: 20 June 2021

KEYWORDS:
Clinical Supervision, Pandemic Era, Quality of Learning.
ABSTRAK:

Kata Kunci: Era Pandemi, Kualitas Pembelajaran, Supervisi Klinik.

INTRODUCTION

A teacher should have a responsibility in planning and implementing learning in schools (Iriyani, 2008). It is in line with the function of professional teachers, namely being able to plan teaching and learning programs, manage teaching and learning activities, conduct assessments and utilize the results of evaluations of student learning progress to improve teachers’ teaching and learning abilities.

One of the tools and facilities used by a teacher to improve their teaching abilities is supervision. According to Suhardan (2010), the essence of professional supervision activities in schools is to foster schools and their teachers, which in the academic language is called supervision. Clinical supervision is a form of professional assistance to teachers based on their needs through a systematic cycle of planning, careful observation, and providing objective feedback from their teaching performances to improve their teaching abilities and competencies (Imron, 2011).
The improvement of teacher competence is carried out through a supervisory function where the formation of qualified teacher competencies must play a role in any situation, including learning during a pandemic and the like. So during the current coronavirus pandemic, Indonesian education from elementary to tertiary levels is experiencing stuttering or is not ready to face these conditions, so it is threatened to lead to total failure (Elfidawati, 2020). More narrowly, many students cannot learn from their teachers at the basic education level due to insufficient internet quota for students and teachers. In addition, teachers have not been able to design learning. Due to the overall impact of the pandemic, the teacher's stuttering or unpreparedness, of course, also occurred at SDIQu Al-Bahjah Cirebon.

This study raises issues related to the application of clinical supervision in the community of SDIQu Al-Bahjah Cirebon. Before this research was conducted, the authors reviewed several studies that had been carried out. Among them is the research that has been carried out by Karmanto Karmanto (2018) with the aim of research to describe the implementation of clinical supervision in improving the ability of teaching teachers. Through FGD (Focused Group Discussion) and observation, supervision performance is carried out in 1 semester according to the agenda items such as guidance and coaching for teachers or madrasah principals. The coaching is increased in the second cycle, the third cycle, and so on. The benchmark for teacher success in teaching is declared good when most teachers have displayed teaching quality according to the established criteria.

Furthermore, Tanama et al. (2016), with research on the Implementation of Clinical Supervision in Improving Teacher Professionalism, shows that the implementation of clinical supervision is carried out in three stages, namely the planning, implementation, and feedback stages, has been going well and can improve teacher professionalism. In addition, various efforts have been made to enhance and develop teachers' professional development, such as mastery of the material, selection of learning methods, and the media used.

In their research, Salma et al. (2018) explained that the clinical supervision program at MAN Beureunuen was prepared based on problems that arise and requests from teachers, so a clinical supervision program was made. Moreover, the program is made permanent in official procedures,
implementation schedule notes, and clinical supervision instruments. Thus, the stages of implementing clinical supervision in improving the professional competence of teachers at MAN Beureunuen are carried out from the beginning to the end.

From the three studies above, it is clear that carrying out clinical supervision will overcome learning problems faced by teachers with correct and appropriate supervision procedures. However, it can be observed that the research above is research conducted during normal learning conditions, which are very different from the pandemic period with BDR (Learning From Home) and with various obstacles. Therefore, the author feels the need to raise the issue of the current pandemic by raising the title "Implementation of Clinical Supervision in Improving the Quality of Learning at Sdiqu Al-Bahjah during the Covid-19 Pandemic".

This study aims to determine the implementation of clinical supervision at Sdiqu Al-Bahjah Cirebon. This research is expected to be helpful as reference material for how learning during a pandemic runs with various procedures and becomes a source of information and even answers to educational problems, especially in teacher training through clinical supervision.

**METHODS**

This study uses a qualitative descriptive approach to describe existing phenomena, both natural and manufactured. The phenomenon can be in activities, conditions, characteristics, changes, relationships, similarities, and differences between several phenomena (Sugiyono, 2011; Sukmadinata, 2011). The instrument in this study is the researcher himself, who is the direct source and the subject of research where the researcher is a planner, data collector, analyzer, interpret data, and a pioneer of his study (Moleong, 2007). In qualitative research, the primary data collection technique used is written interviews addressed to informants, and the data obtained are qualitative. Then the validation of the interview results is carried out by observing or reconfirming the interview answers to informants or other people who understand the problem under study (Sugiyono, 2011). The data that has been collected was analyzed using 3 (three) stages (Sugiyono, 2011:247), namely (1) data reduction, (2) data display, and (3) conclusion drawing/verifying.
FINDINGS AND DISCUSSION

Profile of SDIQu Al-Bahjah Cirebon Regency

Al-Bahjah Qur'ani Islamic Elementary School, commonly known as SDIQu Al-Bahjah, is a private school under the auspices of the Al-Bahjah Cirebon Foundation. This school was founded in 2013 and is a form of formal education from the Al-Bahjah Islamic Boarding School Education Division. SDIQu Al-Bahjah has its address at Jalan Pangeran Cakrabuana Number 179 Pondok Air Pesantren Block, Sendang Village, Sumber District, Cirebon Regency and coordinates with the Education Coorwil of Sumber Subdistrict.

Academic activities at SDIQu Al-Bahjah are currently not running as they should due to the ongoing Covid-19 pandemic. If traced, right on March 16, 2020, the government has rolled out a large-scale social restriction (PSBB) policy. The policy then had an impact on the ministry of education regulation which prohibits face-to-face activities in learning and presents learning solutions with online (in-network), offline (out-of-network), and combination/hybrid models (blended learning).

Implementation of Clinical Supervision

According to various studies, the principal should be aware that most teachers have problems mastering teaching materials and skills in using their teaching methods (Iriyani, 2008). Currently, the difficulty of teachers in managing teaching materials is also felt at SDIQu Al-Bahjah. It is what underlies the need for a principal to understand clinical supervision properly.

The principal explained the implementation of clinical supervision that is usually carried out at SDIQu Al-Bahjah as follows:

"Our supervision is carried out by making a supervision schedule and distributing it to each teacher at the beginning of each semester. First, the teacher prepares as well as possible the learning that will be carried out according to the schedule. Then during the implementation, we conduct an assessment on a good teaching standard sheet. After that, the teacher is called to explain the advantages and disadvantages of the teaching process. After that, teachers can take lessons from the implementation" (Results of an interview with the principal on September 28, 2020).
From the interview results, it can be seen that the concept of clinical supervision has not been fully mastered. While Makawimbang has described the general idea of clinical supervision, clinical supervision is a guidance effort to improve teacher professionalism carried out in a very planned manner by teachers and supervisors. This process begins with the initial meeting, the stages before observation, observation, after comment (back discussion), then analyzed carefully and objectively to get the expected changes in teaching behavior (Makawimbang, 2013).

The interview with the principal is the initial stage, as well as clinical supervision observation. Next, a discussion was held with the principal to equalize the actual perception of clinical supervision by presenting documents and examples from other sources. Finally, after an agreement is reached, the principal agrees to implement clinical supervision in his institution by preparing and completing the already running stages. According to Pranita et al. (2018), the locations of confirmation of the principal above are part of the final clinical supervision activity.

**Stages of Implementing Supervision**

After the development has been carried out at the previous stage, the principal can carry out clinical supervision very well. Then, the principal carries out clinical supervision following the appropriate steps. Meanwhile, Ali Imron (2012) explains the flow of clinical supervision with three cycles, namely (1) Pre Conference / initial meeting to develop a class observation framework that will be carried out jointly between the principal and teachers so that there is an agreement (contract) work between the two. (2) Observation, which focuses on observing the teacher’s actions in learning and focusing on classroom activities due to the teacher’s actions. (3) Post Conference/feedback meeting is a follow-up stage from observations in the second stage (Imron, 2011).
1. Initial Meeting/Planning Stage

Before carrying out classroom observations, the initial meeting stage is to develop togetherness between the principal and teachers, creating cooperation, humanitarian relations, and good communication between the principal and teachers. Furthermore, this stage will also significantly affect the success of the next step (Kartini & Susanti., 2019).

This stage aims for the principal and teachers to develop a classroom observation framework that will be implemented jointly. The teacher who will be supervised prepares lesson plans. The principal as supervisor learns and understands the learning objectives to be achieved, sets the time and place for implementing learning, and determines the aspects to be observed and how to observe them (Kemendikbud, 2014). The final result of this initial meeting is a working contract between the principal and the teacher.

The purpose of clinical supervision can be achieved if in the initial meeting there is cooperation, humanitarian relations, and good communication between the principal as a supervisor and the teacher to be supervised. Good relationship quality has a significant impact on the success of the next step in the clinical supervision process. Therefore, eight technical
activities are essential to be considered and carried out in this initial meeting, namely: (a) creating a close and open relationship between the principal and teachers, (b) identifying things that teachers need to develop in the learning process, (c) translating teacher problems in observable behavior, (d) determining steps to improve the learning process, (e) helping teachers determine their own improvement goals, (f) determining the implementation time and classroom observation instruments, (g) clarifying the context of the learning process by determining what data which will be obtained (Kasmawati, 2020).

The step taken by the principal of SDIQu Al-Bahjah at this stage was to hold a meeting with all teachers to record problems and plan an agreement on improvements to be implemented in the new school year. The problem arises because teachers cannot innovate in designing appropriate learning designs during the pandemic. So, this initial meeting stage is primarily done in groups to overcome these problems. On this occasion, the principal and the teacher also made a schedule for clinical supervision and the stages.

One of the government’s policies during this pandemic is the leeway that students or guardians of students can choose the two learning models most likely for students to study optimally and keep their health protected. Therefore, clinical supervision will continue to be held following the learning model chosen by students both online and offline.

2. Observation Stage

The next stage in clinical supervision is to observe the learning process objectively and systemically, where the supervisor observes the teacher’s actions in learning as outlined in the lesson plans. (Erfâni et al., 2017). The aspects observed must be following the results of the discussion at the initial meeting.

As explained earlier, at least two learning models were carried out during this pandemic, namely online and offline, so observations of teachers in the learning process were carried out on both of these types. At the time of offline implementation, as with the learning process in the classroom, the criteria observed were not much different, namely, a study of the administration of learning devices, a study of the lesson plan, observation of
the learning process in the classroom, and an analysis of devices and assessment observations.

Offline learning regulations guide the implementation of offline learning that has been running at SDIQu Al-Bahjah, both those handed down by the education office and its derivatives in the form of school circulars to teachers and guardians of students, namely, (1) students do not travel from/out of town, (2) students are in good health; (3) students are escorted by private vehicles; (4) students and teachers are required to use standard health protocol equipment (Faceshield/mask, bring hand sanitizer); (5) maximum study participants are six students; (6) the offline learning process is carried out a maximum of twice a week; (7) learning activities are carried out at students’ homes or the homes of approved teachers, and are adequate to carry out learning with a capacity of six students; (8) teaching materials or curriculum still pay attention to learning during the pandemic and are regulated by the school.

Based on observation data, the offline teaching and learning process is carried out outside the school building. It is due to the location of the school building in the middle of the Islamic boarding school area, which during the pandemic period at the Islamic boarding school is not allowed to interact with outside parties, including SDIQu students, the majority of whom are full-day students.

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![Figure 2. Offline Learning Clinical Supervision](image)

During the first cycle, some teachers experienced difficulties related to the facilities that were in the school, which was not available in the current learning place. During observation, it was also seen that some teachers were not prepared to use learning media, so that learning activities were less
enthusiastic. It was recorded that out of 20 teachers, only eight teachers had used learning media properly. For this observation, the principal was assisted by quality assurance staff from formal education and made direct observations to 8 teachers as samples. The rest were indirect observations by filling out instruments. After the principal and quality assurance staff carried out initial observations and data collection, the principal gathered all teachers for a follow-up meeting. This meeting contains sharing of difficulties experienced by teachers and solutions presented by school principals in improving learning in schools.

In the second cycle, the teacher seemed to have more control over the class by utilizing what was available at the location. In addition, some learning support facilities can be provided by the school, such as blackboards or projectors if needed. The majority of teachers also began to use variations of learning media appropriately. In the next cycle, the quality of learning was further improved after the second cycle post-observation meeting was held.

Figure 3. Clinical Supervision of Online Learning

For online learning (in the internet network), the teacher does not appear to show teaching actions at the observation stage of the first cycle. The use of the internet is only limited to giving assignments and collecting assignments to be assessed. Almost all teachers, namely 18 out of 20 existing teachers, felt they were right in carrying out online learning activities. The principal observed that online learning is a common problem where conditions force all teachers to take advantage of internet facilities. The principal realizes that not all teachers are skilled in using internet media. Therefore, the principal invites learning media practitioners to provide material and knowledge about using the internet in zoom meetings, google
meet, and WhatsApp applications and how to use them. Several educational platforms on the internet were also introduced, such as teacher rooms and the like. Furthermore, the teacher is taught how to make learning videos by utilizing the *kinemaster* application and video scripts.

In the second observation cycle, it was found that ten teachers were able to operate video conferencing applications well. The rest chose to use learning videos with *kinemaster* and video scripts. The difference in the selected learning media is based on the class's needs tailored to the material and student’s readiness to take lessons. As for the observation criteria, the online learning process is more flexible. In the next post-observation cycle, all teachers in online learning must maximize the existing learning media so that blended learning can be carried out optimally.

Regarding the function of learning media, Nunu Mahnun said that; (1) not all teaching media could be used to achieve any teaching objectives. But, (2) a learning media can assist teachers in performing one or more learning functions such as telling, controlling, providing reinforcement, assessment, maybe even taking over the role, for example, when showing a film about the cell growth process (Mahnun, 2012). It explains that the selection of school learning media does not require teachers to use certain media, so the principal is only directing, guiding, presenting choices, etc.

### 3. Post-Observation Stage

The feedback meeting or feedback meeting is carried out immediately after the learning observation is carried out, provided that the results of the statements have been analyzed first. The primary purpose of this feedback meeting is to discuss the results of observations of the learning process carried out by school principals together (Kemendikbud, 2018). The core of the discussion focused on identifying and analyzing the similarities and differences between the expected teacher and student behavior and the teacher and students' actual conduct and making decisions about what and how steps should be taken to follow up on these differences. According to Goldhammer, Anderson, & Krajewski in Putri Salma and Nasir Usman Yusrizal, there are at least five benefits of feedback meetings for teachers, namely: (1) teachers are motivated because they are given reinforcement and satisfaction; (2) issues in learning are adequately identified; (3) school principals can also intervene to provide didactic assistance and guidance for
teachers; (4) teachers can be trained to carry out independent supervision; (5) providing additional knowledge for teachers to improve and enhance their professional self-analysis skills in the future (Salma et al., 2018).

The implementation of clinical supervision at the post-observation stage in the first cycle at SDIQU Al-Bahjah focuses on problems including, (1) Teachers experience difficulties when teaching and learning locations are moved to students' homes that do not have learning facilities like in schools; (2) Teachers have not mastered online learning which requires skills in technology and the internet; (3) Teachers have not been able to present exciting learning media during a pandemic.

As with its function, the post-observation stage or feedback meeting is to discuss the problem together. Then essential decisions were made regarding schools to facilitate the use of whiteboards or projectors and schools providing face shields for students and teachers and hand sanitizer for accessible offline. Regarding the second problem, the principal and the teachers agreed that training on applications and educational platforms was needed for teachers. Finally, the third problem is that there is training in learning media by utilizing the media team at SDIQU as consultants, especially media managed online.

After the first cycle was implemented, there was a significant change in the second cycle where almost all teachers could meet conference media and make their learning videos.

In the next cycle, namely the third cycle, the principal emphasizes the compatibility between the media and the teaching materials or learning objectives proclaimed. After being able to design learning media, it is hoped that the media will also have a maximum function in the limitations of existing face-to-face learning. In addition, in this clinical supervision process, supervisors must understand the situation faced by students and parents, where SDIQU Al-Bahjah requires all students and parents to be involved in the learning process. In this case, the teacher plays a role in ensuring that the learning process can touch all students during the pandemic.
Departing from the findings obtained from implementing clinical supervision, school principals have carried out their functions as policymakers who continuously carry out supervision to improve the quality of educators in the schools they manage. It is under the four management functions that a manager (principal) must own (principal), including the functions of planning, organizing, motivating, and supervising (Danim & Khairil, 2013).

The principal has carried out the planning function at the pre-observation stage. Therefore, the principal can create an intimate and open atmosphere between supervisors and teachers before the following steps are discussed. Through his authority, the principal plans and prepares a contract of understanding with teachers related to aspects, criteria, and schedule for the implementation of clinical supervision.

After mutual agreement, the principal carries out both functions by organizing clinical supervision activities through 3 cycles. In the initial observation, when most teachers felt unprepared in terms of facilities when learning was carried out remotely, the principal carried out all three functions by motivating and fostering teachers to get affective and cognitive enrichment in implementing online learning and starting to create learning media. At this stage, the principal continues to supervise by presenting solutions to choose the best solution for themselves that can be implemented in their learning activities for the next meeting. After passing the third stage of several clinical supervision cycles carried out, the teacher managed to solve his learning problems well and was more motivated to improve his professional competence continuously. All processes of implementing supervision and the findings obtained are communicated by the principal to the teacher intensely.

The implementation of clinical supervision at SDIQu Al-Bahjah continues until it reaches a cycle where a teacher can overcome difficulties in teaching and learning activities and has the required competencies as his profession. SDIQu Al-Bahjah’s management believes that there will be other new problems when a cycle of trials has been completed. However, according to the procedure, if clinical supervision is carried out, then any issues will be easier to get the best solution.
CONCLUSION

Based on observations, documentation studies, and interviews conducted regarding the implementation of clinical supervision at SDIQu Al-Bahjah in improving the quality of learning during the COVID-19 pandemic, it can be concluded that the principal took the issue of the COVID-19 pandemic as a general problem and used it as the first basis. Therefore, they are carrying out clinical supervision. This supervision is carried out in three stages: (1) conducting an initial meeting to share perceptions and make a contract agreement on aspects, criteria, and schedule for the implementation of supervision; (2) make observations to see the conformity between the agreed criteria and the learning actions taken by the teacher to be displayed and analyzed; and (3) conduct feedback meetings, namely intense discussions related to the findings in the observations. Thus, through three cycles of clinical supervision, teachers have completed their learning problems and continuously improve their professional competence.

REFERENCES


