

Clinical Supervision Model to Overcome Loss Learning in Elementary School Post Pandemic

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DOI: <http://doi.org/10.33650/al-tanzim.v7i1.4446>

Received: 28 September 2022; Received in Revised Form: 12 November 2022, Accepted: 1 December 2022, Available online: 1 January 2023

Abstract:

The application of school principal supervision management is very much needed in post-pandemic learning. The problem of learning loss was found to be predominant among students in schools. This research is a school action research in the form of clinical supervision by the principal to overcome the loss of learning. The clinical supervision model has three stages: the first meeting, the observation, and the feedback meeting. School teachers as many as 12 people as research subjects. The data collection was carried out using clinical supervision observation sheets. The collected data is then analyzed. The result shows a score that can overcome the loss of learning. Scores in cycle I increased in cycle II. In cycle I, the average score was 70.00. Cycle II increased by 95.00 for the average score. The implementation of clinical supervision has several processes, from testing research instruments, and learning observations, to assessment. The study results show that clinical supervision can improve the quality of teacher learning in terms of overcoming the loss of learning in students.

Keywords: *Clinical Supervision, Loss Learning, Post Pandemic*

Abstrak:

Penerapan manajemen supervisi kepala sekolah sangat diperlukan dalam pembelajaran pasca pandemi. Masalah kehilangan belajar ditemukan dominan di kalangan siswa di sekolah. Penelitian ini merupakan penelitian tindakan sekolah berupa tindakan supervisi klinis oleh kepala sekolah untuk mengatasi loss learning. Model supervisi klinis yang dilakukan ada tiga tahap antara lain tahap pertemuan pertama, tahap observasi, dan tahap pertemuan umpan balik. Guru sekolah sebanyak 12 orang sebagai subjek penelitian. Pengumpulan datanya dengan lembar pengamatan supervisi klinis. Data yang terkumpul kemudian dianalisis. Hasilnya terlihat skor yang dapat mengatasi loss learning. Skor pada siklus I yang meningkat pada siklus II. Pada siklus I skor rata-ratanya 70,00. Siklus II meningkat sebesar 95,00 untuk skor rata-ratanya. Implementasi supervisi klinis ada beberapa proses dari pengujian instrumen penelitian, observasi pembelajaran, hingga assessment. Hasil penelitian menunjukkan bahwa supervise klinis dapat meningkatkan kualitas pembelajaran guru dalam hal mengatasi loss learning pada siswa.

Kata Kunci: *Supervisi Klinis, Ketertinggalan Belajar, Pasca Pandemi*

Please cite this article in APA style as:

Setyowati, S. Prasetyo, I. Murti, R. C. (2023). Clinical Supervision Model to Overcome Loss Learning in Elementary School Post Pandemic. *Al-Tanzim: Jurnal Manajemen Pendidikan Islam*, 7(1), 82-93.

INTRODUCTION

Changes that occurred with the pandemic in Indonesia due to the coronavirus (Covid-19) outbreak impacted face-to-face teaching and learning activities in schools. COVID-19 has varied impacts in different regions and SES (social, economic status) groups. The results of a survey on the implementation of learning from home (BDR) conducted by the Ministry of Education and Technology in 2020 showed that, in general, 80.7% of teachers conducted BDR by giving assignments in the form of questions to students. For the 3T area, almost all teachers (90.4%) did this practice, while for the non-3T area, it was around 76.5% (Zamjani et al., 2020). The phenomenon of learning loss is not only experienced in Indonesia. However, almost all countries worldwide suffer from the impact of school closures due to the Covid-19 pandemic (Engzell et al., 2021; Jonson et al., 2018).

Then based on survey activities, interviews, and observations that have been carried out on teachers and students at the Khoiru Ummah Integrated Islamic Elementary School, Mlati, Sleman, several problems have arisen during learning after the pandemic. It is known to students that students experience learning loss and learning gaps due to the pandemic. As many as 67% of the 214 students experienced learning loss, unable to understand the material according to their class competencies. There is also a learning gap in the classroom due to a 'gap' or distance that occurs due to differences in treatment and facilities at home when learning activities from home. Students with abilities beyond achievement were found to be 34%. Meanwhile, 66% of other students have abilities below the competency achievements of their class.

The existence of loss learning and learning gaps must be improved in learning. Improvements to learning that have yet to achieve the quality of education must begin with improving learning strategies that stem from the teaching carried out by teachers (Mulyasa, 2017). Furthermore, Mulyasa (2017) mentions that the size of the school's quality depends on the teacher factor because teachers have a strategic role in the learning process. If the teacher has difficulty planning learning and the learning strategies that are carried out are not appropriate, it is necessary to provide guidance or supervision to teachers as educators.

Satori (2018) revealed that an educator's professional development is a form of business that provides motivation, assistance, encouragement, and opportunities for employees to improve their education. This is necessary to carry out their primary tasks more optimally, in the form of improving teaching and learning process activities and improving the quality of teaching and learning outcomes (Satori & Fatah, 2018).

Mulyasa (2017) explains that one of the teacher's factors in carrying out teaching tasks is influenced by academic supervision. Academic supervision can be carried out by the principal or deputy head to improve schools' teaching and

learning process. The professional competence of teachers with the principal's leadership has a close relationship; there is a positive relationship that will optimize learning in schools for the better (Agung & Yufriawati, 2018). As a supervisor, the principal is responsible for the quality of the work of the teacher employees he leads (Dharma, 2018).

Supervision to foster teachers to improve the quality of the learning process; conceptual, technical, and interpersonal skills (Glickman: 2017). Principals, through supervision, can make teacher professional development programs to improve the process and learning outcomes (Andang, 2018). The supervision model to support the capacity and competence of teachers in preparing and implementing learning is clinical supervision. Selection of the clinical supervision model as a form of top service (Flores & Derrington, 2017). Clinical supervision to overcome the loss of learning and improve the quality of primary school teacher capacity to carry out the learning process (Marwati et al., 2019; Musundire & Dreyer, 2019).

Selection of the clinical supervision model as a form of top service (Flores & Derrington, 2017). Clinical supervision to overcome the loss of learning and improve the quality of primary school teacher capacity to carry out the learning process (Marwati et al., 2019; Musundire & Dreyer, 2019). The principal carries out clinical supervision through a systematic cycle of planning, observation, and performance analysis (Glanz, 2018; Hook et al., 2016; Hoque et al., 2020). Clinical supervision can have a much better effect, not just for administrative purposes (Hoque et al., 2020; Motallebzadeh et al., 2017). Clinical supervision can be an alternative to overcome learning loss by improving teacher performance in designing the learning process. The procedure for implementing clinical supervision focuses on finding weaknesses or causes in learning activities. Then direct clinical supervision can correct learning deficiencies.

Clinical supervision aims to improve teacher performance in learning activities (Glanz, 2018; Watkins, 2021; Borders, 2019). Clinical supervision has specific goals: feedback on teacher performance; carrying out the diagnosis of teaching problems; assisting teachers with skills development; evaluation of decisions made by teachers; and developing positive teacher attitudes (Ibara, 2018; Tavit & Gungör, 2017). Clinical supervision has the characteristics of face-to-face directly, and there is a relationship between supervisor and teacher (Kayaoglu, 2018; Saito & Atencio, 2018). There are stages or clinical supervision procedures that principals can do (Watkins Jr, 2021). There are at least nine stages of the clinical supervision procedure. The procedures include planning an observation strategy, observing when the teacher is teaching, supervising using tools; analysis of learning activities separately by supervisors and teachers; planning can also be held with third parties involved; Conducting face-to-face meetings directly, teachers can respond to teaching methods that were carried out before being discussed together, make plans for new activities if behaviour cannot be improved and repeat the activity steps from beginning to end (Watkins Jr, 2021).

This research is related to clinical supervision to overcome post-pandemic loss learning by improving teacher performance in the learning process. The

clinical supervision technique in this study is different from the supervision technique carried out in previous studies. Because in previous studies, it was not in the form of group clinical supervision but in the form of individual clinical activities through class visits, observation, portfolio supervision and mentoring (Bulunz et al., 2018; Herbert et al., 2018). This research uses group and individual clinical supervision techniques. Using these two techniques so principals, teachers and researchers can understand the shortcomings in learning activities. If learning problems exist, then principals and teachers can find solutions to improve the quality of learning.

RESEARCH METHOD

This type of research is school action research to improve the quality of learning or solve the problem of learning backwards through supervision. The supervision used is a clinical supervision approach model. Three stages of clinical supervision are carried out, namely the initial meeting stage, observation, and feedback stage. The three stages are carried out in several cycles. The form of this research cycle is a clinical supervision model with interrelated cycles. The form of the cycle can be seen in Figure 1.

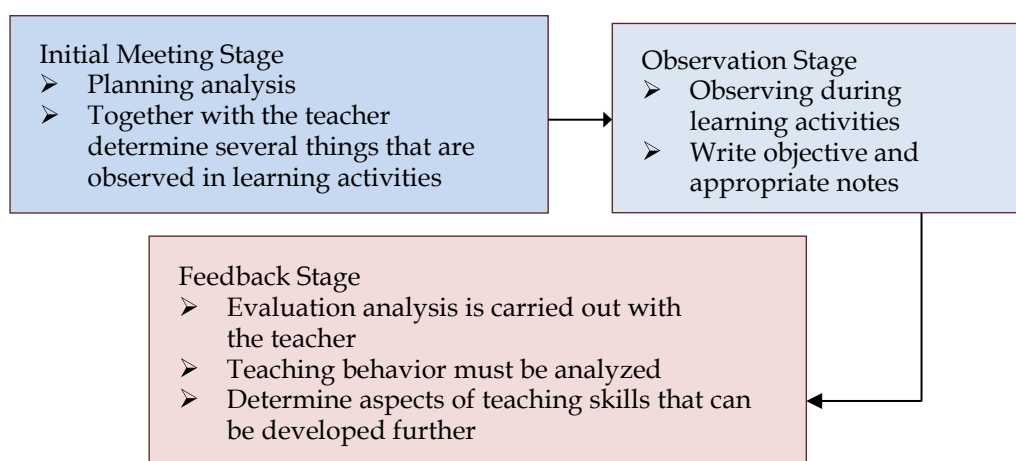


Figure 1. Clinical Supervision Cycle

School action research was conducted at SDIT Khoiru Ummah, Mlati, Sleman, Special Region of Yogyakarta. This study involved one principal and 12 teachers. Collecting data using group and individual supervision observation techniques. The research instrument on the observation sheet contains a checklist of several indicators being measured. The indicators that will be assessed are related to the skills of teachers in developing learning tools. The indicators include developing teaching modules, learning media, techniques, and learning evaluation.

Table 1. Assessment criteria for clinical supervision observation

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

Data was collected two times, namely in cycles 1 and 2. The collected data was then analyzed descriptively quantitatively by calculating each cycle's percentage and average score. The success indicator in this study was obtained by obtaining a minimum score of 81 after the principal carried out the clinical supervision model. The score is obtained from observing the learning process during the implementation of supervision.

RESULTS AND DISCUSSION

School action research has been carried out through the clinical supervision of the school principal. Clinical supervision applied in a cycle. There are three stages of clinical supervision carried out the initial meeting stage, observation, and feedback stage. The three stages are carried out in several cycles. The stages of clinical supervision continue to provide feedback so that learning loss and learning gaps can be overcome at school.

In the first cycle, the implementation of clinical supervision begins with planning supervision. Through pre-observation plan supervision activities. The pre-observation activities carried out are appropriate if you look at the initial meeting stage in the clinical supervision model. Principal supervisors and teachers at this stage discuss the skills to be observed and want to be developed. The problem is related to learning backwards during the post-pandemic. The students still need to achieve their class competencies in numeracy and literacy. In addition, there are teacher weaknesses found at the initial meeting stage. Weaknesses in making teaching modules or learning implementation plans (RPP), insufficient media use, minimal learning innovation, and inability to choose the proper learning assessment evaluation.

Furthermore, at the observation stage, the teacher carries out teaching and learning activities in the classroom according to the planned teaching module or lesson plan. Furthermore, observing the teacher's learning process in the classroom, the principal as a supervisor. The principal makes notes and marks the checklist on the aspect of the observation sheet on the observed indicators. The aspects observed by the principal were then analyzed. In the first cycle, the analysis results show that increasing the percentage can overcome the loss of learning and increase the ability of elementary school teachers to design learning for learning reflection. However, the score assessed in cycle I was still below the indicator of success. The score obtained by the teacher has only reached 70. So it needs to be followed up.

Then the feedback meeting stage is in cycle I. The data from the analysis of loss learning and teacher performance is given feedback (reflection) at this stage. The purpose of feedback is to reinforce teachers in the implementation of learning. The findings that became the material for improvement in the second

cycle and were still considered unfavourable were 1) the presence of 40% of teachers who were less than optimal in designing learning; 2) there are 60% of teachers who did not understand choosing the appropriate use of media, and 3) 50% of teachers are lacking in developing assessment instruments, formative assessments, and summative. Meanwhile, 30% of teachers do not follow the learning syntax and have not paid attention to aspects of student character development. The following data is presented as clinical supervision observations in cycles I and II.

Table 2. 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 findings at the feedback stage of the first cycle and the results of the analysis were considered in the second cycle to improve several aspects of teacher performance under the supervision of the principal. The clinical supervision stage model starts with the initial meeting stage. The implementation of supervision in cycle II is similar to the stages in cycle I. In cycle II, the initial meeting phase begins with the delivery of all findings of teachers' weaknesses during the cycle I by the principal. At the initial meeting stage, the teacher can correct the deficiencies in the first cycle according to mutual agreement. Furthermore, the principal's supervision activities to teachers during learning activities.

Then the activities continue at the observation stage. Supervised the principal during learning through observation activities. The observation process is carried out according to the observed indicators and marks the checklist on the observation sheet. After observation, all observation data were analyzed. Furthermore, the principal carried out the clinical supervision model at the final meeting stage with discussions with the teacher regarding the results of observation data analysis during learning activities.

The feedback stage is carried out with discussions between the principal and teachers in the clinical supervision model. Discussion activities based on numeracy literacy and classroom teachers were carried out with 12 teachers in groups. Discussions to reflect on the stages that have been passed. Reflections experienced by teachers related to learning activities, weaknesses, strengths, and learning barriers.

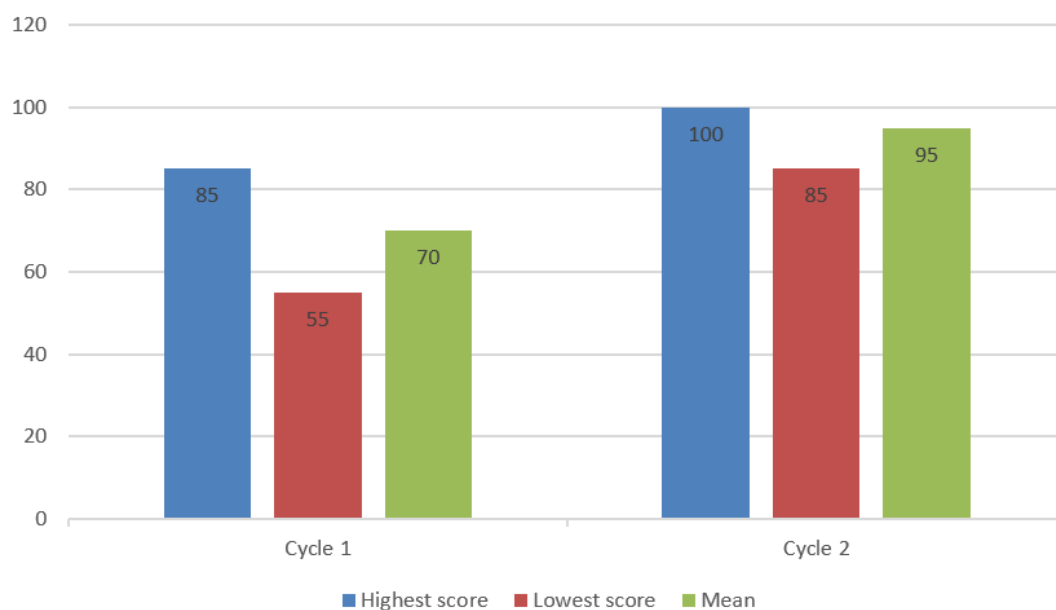


Figure 1. Result of Clinical Supervision Observation

Then analyze the results of the reflection. The principal discusses with the teacher the results of the reflection analysis. In cycle II, it can minimize the findings of deficiencies that exist in cycle I. Thus, an increase in the overall ability of teachers is found. Significant improvement in all aspects from cycle I to cycle II. Activities in cycle II with an average score of 95. The score has increased from cycle I to cycle II. The average score was obtained from the analysis of overcoming loss learning, assessment of teaching modules, observations, and learning assessment. This has a positive impact on teachers, it is no longer found to be related to the occurrence of loss of learning, and teachers do not experience difficulties in designing learning to assessment.

Findings from initial observations show that there are problems with learning backwards related to students who still need to achieve class competence in terms of post-pandemic numeracy and literacy. This needs to be supervised by the principal as a form of service for developing teacher performance that could have been more optimal in preparing and implementing learning. The findings of the preliminary study also show that the teacher's ability to design and assess learning assessments in the classroom still needs to improve. Based on these things, the preliminary study results can be concluded that there is a problem of falling behind in schools after the pandemic, and it is necessary to develop immediate learning on what teachers do in the classroom. Teachers in schools can develop learning systematically along with the clinical supervision of the principal. Supervision that can fix the problem of falling behind at SDIT Khoiru Ummah, Mlati, Sleman.

The role of clinical supervision is urgent, given the previous research that has a link between principal supervision and problems in schools and even the low performance of teachers from designing to the assessment of classroom learning (Dwikurnaningsih, 2018; Okkinga et al., 2018). So it is necessary to implement supervision optimally to develop teacher performance, based on the

results of preliminary studies by Dwikurnianingsih (2018) and Okkinga et al. (2018). In addition, for the supervision model that can provide optimal results, it is necessary to select the model (Alwis et al., 2020; Kabilan & Khan, 2018). The description emphasizes the considerations in the formation of the supervision model. Supervision with a model that can solve problems related to loose learning and can improve or develop teacher performance. Then a clinical supervision model was chosen according to the consideration of the preliminary study. Flores & Derrington (2017) chose the clinical supervision model as the top service. Clinical supervision has succeeded in overcoming the problem of learning loss and can develop teacher performance in designing and evaluating learning assessments (Flores & Derrington, 2017; Marwati et al., 2019).

There are two cycles carried out in this study. Each cycle of the clinical supervision model consists of three main stages. The first is the initial meeting stage, the second is the observation stage, and the third is the feedback stage. Processing the results of observations in the first cycle in overcoming loss learning and the teacher's ability to design and assess learning obtained a 50% completeness percentage with an average value of 70. Meanwhile, the average value increased in cycle 2 with the achievement of a score of 95. The percentage of completeness can be reached 100% overall. The research findings are in line with and relevant to the results of previous studies. Previous research has shown that loss of learning can be overcome and teacher performance improvement in the design of the assessment of learning from cycle I to cycle II (Kustiyah, 2017;

The supervision applied in this study was carried out by the principal, who emphasized mentoring and providing services to teachers. Supervision by assisting teachers individually and in groups and efforts to provide services in schools (Phuong et al., 2018; Quezada et al., 2020). So, supervision, a part of education management, is also often termed teacher development and service (Douglas et al., 2016). In this study, supervision activities prioritize correcting teacher deficiencies or weaknesses in planning and evaluating assessment assessments to develop teachers' professionalism in learning activities to evaluate learning in the classroom.

Applying clinical supervision so the maximum can be considered systematically in its activities. There are eight clinical supervision activities; 1) strengthening the teacher-supervisor relationship; 2) planning with teachers; 3) planning observation strategies; 4) teaching observations; 5) learning process analysis; 6) strategic planning meetings; 7) the meeting stage and 8) the exploration stage of planning the next meeting (McGhee & Stark, 2018). Then, there are three stages of clinical supervision, namely (1) the planning stage, (2) the observation stage, and (3) the evaluation and analysis stage (Asakura & Maurer, 2018). During clinical supervision, procedures are considered. The procedure includes pre-observation, observation, and post-observation stages (Mireles-Rios & Becchio, 2018; Musundire & Drey, 2019). Finally, the clinical supervision process stages are preparation, initial meeting, implementation, and feedback meeting (Marwati et al., 2019; Villavicencio-Martínez & Luna-Serrano, 2018).

A discussion was carried out on the implementation of clinical supervision with the teacher regarding the problem of loss of learning and the best way to overcome it. There is an agreement between the supervisor and the teacher, which is carried out by the stages of supervision (Ozdemir & Yirci, 2015; Range et al., 2018). Clinical supervision carried out by the principal provides a step-by-step design for planning to correct school problems. There are three steps of the clinical supervision model: the initial meeting stage, implementation of supervision, and analysis of the supervision results. The data found were analyzed. Then discuss it with the teacher. After that, conclusions are drawn. Follow-up steps. The teacher's development of learning tools is then validated and assessed by the principal using a validation instrument. The principal also observes the learning process that the teacher does. Observation by filling out the learning implementation instrument to the teacher's learning assessment.

CONCLUSION

This research on clinical supervision provides a post-pandemic way to overcome the loss of learning by increasing teacher performance competencies. Improved teacher competence can increase the problem of loss of learning. Clinical supervision guides teachers in developing tools, strategies and learning approaches in the classroom. So that it can overcome the loss of learning and improve student skills; therefore, the person in charge of academic implementation as the principal needs to supervise the problems of loss of learning and teacher performance. Clinical supervision can be an alternative for improving teacher performance to develop tools, carry out learning activities and reflect on assessment evaluations. Thus, applying clinical supervision with two approaches, individuals and groups, can overcome post-pandemic loss learning. Principals and teachers can solve the post-pandemic loss learning problem by getting solutions according to their class students' character by improving the quality of learning.

ACKNOWLEDGMENTS

We want to express our gratitude to the principal, who has been pleased to permit researchers to conduct research through direct observation at SDIT Khoiru Ummah, Mlati, Sleman. Thank you to the Chancellor, Dean, and Head of the Primary Education Department, State University of Yogyakarta, who fully supported students in writing journals. Thank you to Al Tanzim Journal, which was willing to publish the author's research results which were far from perfect.

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