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Special Needs Elementary Schools' Clinical Supervision In Indonesia

Wingston L Sihombing¹, Nurliani Manurung²

^{1,2} Universitas Negeri Medan, Indonesia

Abstract

The relevance and challenges of clinical supervision for effective teaching and learning in Elementary schools with special needs exploring through descriptive survey research. We collected data using twenty questionnaire items from 429 respondents consisting of principals and teachers and analyzed them using t-test statistics. The research findings reveal several relevancies of clinical supervision in teaching and learning: improving teacher classroom behavior and supporting students' clinical learning. Clinical management has challenges, including disagreements on collaboration between teachers and principals, lack of trained supervisors, inadequate supervisors in various areas of specialization, and time constraints. Based on these findings, this study recommends that the Management Board of elementary schools with special needs requires clinical supervision at least once a month.

Keywords: Teaching, Learning, Principal, Teachers, The Particular Need

1. Introduction

Effective teaching and learning are urgent to achieve the goals of educational institutions. Therefore, the maximum involvement of all administrators is significant (Keller et al., 2021) and supports the practice of influencing student achievement (Grund et al., 2022). Several researchers reported on effective teaching and learning and recently identified the characteristics of effective teaching (L. Chen et al., 2022; Cvetkova et al., 2010). The steps include practical teaching arrangements and clear goals for the classroom (Bardach et al., 2021), involving high expectations from students (Whitelock-Wainwright et al., 2021) with a focus on academics (Chhor et al., 2022). Maintain class regularly (X. Chen & Lu, 2022), use appropriate materials for teaching (Karst et al., 2022), and monitor student performance (Vilanova et al., 2019). Teachers in special education schools need some basic skills because of the specificity students possess. Everything they report is only limited to regular schools and does not explain schools with special needs. Therefore, we feel it is necessary to investigate the pattern that fits within the scope of elementary schools with special needs to get good results.

Effective teaching leads to effective learning, and ten Hagen et al. (2022) stated that teacher effectiveness is positively related to student achievement. Permanent positive changes in learner behavior are characteristics of effective learning (Choi et al., 2019). Effective teaching applies to all teachers at all levels (Finefer-Rosenbluh et al., 2021), including elementary schools with special needs. Learning is helping human resources to a higher level

(Hofer et al., 2022) and making people who are intelligent, knowledgeable, and expected to become leaders in their field of business (Hofer et al., 2022). Therefore, education administrators at that level are responsible for ensuring the support of teaching and learning activities that are appropriate for the development of their schools. Such administrators should endeavor to supervise their teachers and ensure that they are dedicated to their work so that there will be positive, permanent, and beneficial changes in student behavior. To support the above, Pazey et al. (2014) and Llantos & Estuar (2019) noted that school administrators as instructional leaders must oversee the implementation of the curriculum and the delivery of teacher instruction.

The phase of school administration focuses primarily on the achievement of the education system' appropriate instructional expectations is supervision. It is the process of guiding, directing, and stimulating growth to improve teaching and learning (Duan et al., 2022; Zhang et al., 2022). Due to the limitations of supervision methods in special education, such as differences in teacher perceptions and the ineffectiveness of supervision, we believe the most modern and appropriate approach that leads to effective teaching and learning methods is clinical supervision. The supervision method that focuses on improving teachers' performance through direct interaction of supervisors and teachers in natural teaching settings was developed at Harvard University by Morri Cogan. Clinical supervision improves the performances of staff members who provide teaching and learning to the learner. Clinical management is conducted through repeated stages to form an ongoing cycle.

At the same time, McKellar & Graham (2017) posit models or phases of clinical supervision in a cycle form that minimally of five stages. The five stages are pre-observation conference, observation, analysis and strategy, supervision conference, and post-conference analysis (van de Mortel et al., 2021). Pre observation conference is the teacher and the supervisor plan for the supervisor's forthcoming visit to the classroom. They decide to observe specific behaviors or events. The observation is in two global or particular types. Generally, the supervisor records all teacher behaviors. In a detailed statement, he noted selected behaviors agreed upon earlier and recorded. Pre and post-observation get a mutually acceptable location. In the clinical supervision cycle, the supervisor is a knowledgeable, trained, and experienced teacher's peer. He should demonstrate skills following non-directive, collaborative, and directive approaches and know when to use each. A post-observation conference should occur after the supervisor has time to analyze and organize the data.

Clinical supervision of teachers is a concept born in the 1960s at Harvard and continued later at the University of Pittsburgh. It originated in the frustration that Morris Cogan and Robert Goldhammer felt while trying to improve the instructional practices of beginning teachers. The term borrowed from the medical profession had since become what to describe the approach of experienced teachers coaching younger, inexperienced teachers to improve their teaching ability in a classroom setting. Depending on the school district involved, this could take on a variety of appearances (Harvey et al., 2020). It might be a seasoned teacher working with a student teacher assigned to them by their principal. However, it could also take the form of an experienced teacher, called a mentor, coaching a first-year teacher in their school, referred to as a mentee. The coaching can involve observations or other work the pair does to improve the mentee's teaching practices (Sundler et al., 2019).

In either case, the model of clinical supervision uses experienced teachers as trusted colleagues rather than their evaluators. Evaluators are there to determine whether a teacher should remain in the classroom, while the mentor's role is to help the mentee improve their teaching. Leaving the experienced teachers out of the student teacher's or new teacher's evaluation allows them to bond with colleagues in a trusting relationship. The relationship of mentor to mentee aims to nurture and coach the new teachers to succeed in their classrooms (Embo et al., 2015).

Treatment of clinical supervision may differ for each country due to the diverse characteristics of students. In Indonesia, students' ethnicity and first language differences are particularly concerning for teachers when conducting learning. Therefore, the questions of this research are (1) Is the clinical supervision relevant to effective teaching in Elementary schools with special needs in North Sumatra, Indonesia? (2) What is the challenge of clinical supervision in special needs elementary schools? There have been many reports on implementing clinical supervision in regular Indonesian schools, but it is still very minimal at the elementary school level with special needs. With that in mind, it is essential to obtain information to form an appropriate format for schools with special

needs. We explore the relevance and challenges of clinical supervision in effective teaching in primary schools with special needs in Indonesia based on the diversity of student characteristics.

2. Method

We requested permission from the provincial education office in North Sumatra to implement the clinical supervision design in elementary schools with special needs. Clinical supervision lasts eight weeks working days. There are sixty schools with 795 teachers and sixty principals (Ministry of education, culture, research, and technology of Indonesia, 2022). We used a proportionate sampling technique to get the sample size of 429 respondents (383 teachers, forty-six principals).

We collected data through a descriptive survey to identify the relevance of clinical supervision to effective teaching and learning. It collected data using the instrument of a 20 – item questionnaire on the relevance and challenges of using clinical supervision for effective teaching and learning.

We validate measurement tools by involving education management experts and measurement and evaluation experts first before using them. The device was a modified four-point scale ranging from Strongly Agree (SA) – 4 points to Strongly Disagree (SD) – 1 point. Testing the instrument reliability coefficient used the Cronbach alpha method and obtained .75 and .84 for clusters 1 and 2, respectively, while the overall index was .80.

We use Mean (M) and Standard Deviation (SD) to answer the research questions. The mean scores of principals and teachers for decision-making as a benchmark is 2.50. The item with a score of 2.50 and above is agreed, whereas those below have disagreed. We used a T-test to establish the significant difference in mean score between teacher and principal.

3. Results

3.1. Clinical supervision relevance

Principals and teachers agree with the relevance of clinical supervision, as in Table 1. The principals' grand mean = 2.67, and the teachers' = 2.70. These excellent means were above the benchmark of 2.50. However, items 5 and 10 on the teacher's side and item 6 on the principal's disagreed on the relevance of clinical supervision in effective teaching. These items have a mean below the benchmark of 2.50.

Table 1: Principals and teachers on the relevance of clinical supervision on effective teaching and learning of special needs elementary school

No	Statement	Principals, n = 46			Teachers, n = 383		
		Mean	Sd	Decision	Mean	Sd	Decision
1	Clinical supervision improves teachers' classroom behavior regarding the method and interaction ability.	2.62	1.02	Agree	2.72	1.04	Agree
2	They improve instruction by direct feedback to a teacher on an aspect of his teaching.	2.75	1.01	Agree	3.23	1.00	Agree
3	The approach allows the teacher to identify and discuss what improves his teaching.	2.75	.97	Agree	2.70	.90	Agree
4	It is more concerned with classroom activities that favor students learning than general school activities.	2.64	1.16	Agree	2.62	1.14	Agree
5	Clinical supervision between teachers and supervisors sharpens programs,	2.65	1.07	Agree	2.28	1.02	Disagree

	procedures, and strategies to enhance student learning.						
6	Clinical supervision removes the fear of inspection and general care instilled in the teachers that stifle learning.	2.11	.99	Agree	2.62	.84	Agree
7	Clinical supervision allows the two persons concerned to find a particular way of improving teaching and learning.	2.68	1.12	Agree	2.89	1.13	Agree
8	Professional development and improvement in the face-to-face and one-to-one teaching and learning offered by clinical supervision in classroom teaching are needed.	3.00	1.09	Agree	2.58	1.06	Agree
9	Clinical supervision allows the teacher to solve instructional problems such as interpreting concepts, choosing suitable instructional materials for a given topic, and formulating lesson objectives.	3.00	1.05	Agree	2.87	1.26	Agree
10	It provides the opportunity to have a good working climate in the school, enhancing teaching and learning.	2.54	.93	Agree	2.48	1.19	Disagree
	Grand Mean	2.67	1.19	Agree	2.70	.98	Agree

3.2. Challenges of clinical supervision

Table 2, the ten items listed are clinical supervision challenges that can hinder effective teaching and learning approved by principals (mean large = 2.79) and teachers (mean large = 2.75). The average of these items is above the benchmark of 2.50.

Table 2: Clinical supervision challenges may hinder effective teaching and learning

No	Item statement	Principals, n = 46			Teachers, n = 383		
		Mean	Sd	Decision	Mean	Sd	Decision
1	The problem of clinical supervision makes school supervision an internal affair.	2.54	1.10	Agree	2.59	1.06	Agree
2	It gives time constraints on the school administrator to carry out clinical supervision on all the teachers.	3.11	.75	Agree	2.79	1.04	Agree
3	Teachers always feel dissatisfied due to the principal who provides clinical supervision.	2.64	.95	Agree	2.81	.92	Agree
4	It constitutes work overload for school administrators because it makes them hard-pressed to do the job well.	3.07	1.12	Agree	3.31	1.04	Agree
5	Teachers do not use clinical supervision wisely after offering assistance.	2.93	1.15	Agree	2.65	1.16	Agree
6	It is challenging to find supervisors trained in various areas of specialization to carry out cross-disciplinary clinical supervision regarding content and pedagogy.	2.75	1.17	Agree	2.63	1.13	Agree
7	Money poses a problem when the school decides to launch a program on clinical supervision.	2.71	1.08	Agree	2.69	.83	Agree

8	Lack of technological gadgets to be used, especially as it concerns the recording of what occurred to enhance the use of clinical supervision	2.68	1.12	Agree	2.61	.82	Agree
9	Using clinical supervision frequently influences teaching, and learning will be boring to teachers.	2.75	.89	Agree	2.79	.90	Agree
10	School administrators in Enugu state lack competency in the use of clinical supervision.	2.68	.95	Agree	2.58	1.17	Agree
Grand Mean		2.79	1.03	Agree	2.75	1.01	Agree

3.3. The principals' and teachers' relevance of clinical supervision to effective learning

The calculated T-test value of $- .13$ is less than the critical value of ± 1.96 at a $.05$ level of significance and 427 degrees of freedom (Table 3). The responses of principals and teachers regarding the relevance of clinical supervision to the effectiveness of teaching and learning in elementary schools with special needs in North Sumatra were not significantly different. Thus, not rejecting the null hypothesis.

Table 3: Comparison of principals' and teachers' responses to the relevance of clinical supervision in teaching and learning in special needs Elementary schools in North Sumatra

Variable	Mean	Sd	N	df	Sig.	T-Crit	T-Cal	Decision
Principal	2.67	1.19	46	427	.05	± 1.96	$- .13$	not
Teacher	2.70	.98	383					significantly different

3.4. The principals' and teachers' challenges of clinical supervision on effective teaching and learning

In Table 4, the calculated t is less than the table t value of ± 1.96 at the $.05$ level of significance and 427 degrees of freedom. It shows that there is no significant difference in the responses of principals and teachers to the challenges of clinical supervision in effective learning. Both respondents agreed to the same degree that the item was a challenge.

Table 4: Comparison of the responses of principals and teachers on the challenges of clinical supervision on teaching and learning.

Variable	Mean	Sd	N	df	Sig.	T-Crit	T-Cal	Decision
Principal	2.79	1.03	46	427	.05	± 1.96	$- .20$	no
Teacher	2.75	1.01	383					significant difference

4. Discussion

Research question 1 was to identify the relevance of clinical supervision to effective teaching and learning. Findings revealed that clinical management improves teachers' classroom behavior, improves instruction through direct feedback, and identifies the teaching method to enhance students' knowledge and create a good relationship between the supervisor and the supervisee. The benefits identified by the study agree with the statement made by (McKellar & Graham, 2017; Hall, 2019) that clinical supervision helps the supervisor and supervisee identify and develop problem-solving strategies, which usually leads to changes in teaching behavior. In support of the above, Dickie et al. (2019) opined that the clinical supervision model rests on the conviction that direct feedback can improve instruction to a teacher on aspects of his teaching, which will enhance learning. Research question 2 examined the challenges of clinical supervision on effective teaching and learning. The result indicated that challenges like time constraints on the part of school administrators and work overload adversely affect adequate clinical care and education. In addition, the lack of funds to launch full clinical supervision and inadequate technological equipment to record what happened were barriers to clinical management.

Another problem was that there were no trained supervisors to carry out this exercise. It is in opposition to Duan et al. (2022) recommendation that training for supervisors is needed because clinical supervision is very technical and unique. Reiser (2021) also retaliated that the supervisor plays the role of the teacher's knowledgeable, trained, and experienced peer. The t-test analysis in table 3 and 4 show that there is no significant difference between the mean rating of scores of principals and teachers on the relevance and challenges of clinical supervision on adequate supervision in secondary schools in North Sumatra, Indonesia.

5. Conclusions

This study's findings have many implications for special needs secondary education in North Sumatra. Some of the identified benefits of clinical supervision for effective teaching and learning are clinical care allows the supervisor to observe the teacher in the classroom as a clinic and interacts with the supervisee on issues about his education. We also found problems related to the implementation of clinical supervision. The reason is that clinical management, which has many advantages in the teaching process, will not be able to be carried out effectively if these obstacles still exist.

6. Recommendations

Based on the finding of the study, we made some recommendations:

1. The Early Childhood Education Management Agency requires clinical supervision to be carried out in all elementary schools with special needs in North Sumatra at least once a semester.
2. Principals and teachers must create awareness of the need for clinical supervision for effective teaching and learning.
3. Principals and supervisors need the training to conduct clinical supervision exercises in our schools.
4. Government should budget money for principals. They need it in clinical supervision.
5. The school administrator should allocate a simulator for clinical supervision exercises.
6. Good technological gadgets should be provided for teaching and recording what occurred during clinical supervision exercises.

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