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The Development of a Clinical Supervision Instrument Model in the Independent Curriculum at Junior High Schools in Mataram City, Indonesia

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Abstract. This study aims to develop a clinical supervision instrument model to support the implementation of the Independent Curriculum. The research employs the R&D method with the ADDIE framework. The instrument model should encompass essential aspects and the specificity of subject teachers. The results of developing the clinical supervision instrument indicate that the instrument successfully reflects the constructs and theories under investigation. Evaluation conducted by experts qualitatively confirmed that this instrument covers several aspects relevant to the context of clinical supervision development. The instruments produced are pre-observation supervision instruments for teaching modules and observation instruments for teaching modules. From the results of its validity testing, it obtained an average score of 83.0. This result provides confidence that the clinical supervision instrument model for subject teachers is an effective tool and can potentially improve the quality of education, especially in schools that have implemented the Independent Curriculum.

Keywords: Instrument Model Development; Clinical Supervision; Junior High Schools; Mataram City.

INTRODUCTION

Education plays a crucial role in shaping quality for young generations, and primary education holds a significant role in laying the foundation of knowledge and skills development, fostering critical thinking, analytical skills, and problem-solving abilities. Education aims to provide comprehensive knowledge to students in various fields, including understanding basic concepts, facts, theories, and applications, aiming for students to contribute to the nation's progress. Supportive factors such as the curriculum are essential to achieving these national educational goals.

The curriculum is a set of subjects and educational programs provided by an educational institution containing lesson plans to be delivered to students in one period of education levels. The arrangement of these subject materials is tailored to the conditions and capabilities of each educational level in implementing education.

Changes in the curriculum reflect the spirit of continuous growth and adaptation. The transi-

tion from the 2013 to the Independent Curriculum reflects efforts to respond to Indonesia's current global challenges. The shift from the 2013 Curriculum to the Independent Curriculum is not due to the failure to implement the 2013 curriculum in schools; instead, the 2013 Curriculum aimed to develop students' knowledge, understanding, abilities, values, attitudes, and interests. Meanwhile, the Independent Curriculum encourages learning according to students' skills and provides broader character and essential competency development scope.

Teachers, as the backbone of the education system, are expected to have the ability to implement the Independent Curriculum effectively. The change from the 2013 Curriculum to the Independent Curriculum will lead to changes in the implementation of supervision. The view of supervision in the 2013 Curriculum is still one-directional from the school principal to teachers, where supervision activities are carried out according to the plans and targets set by the school principal. Additionally, the government provides

the instruments used in supervision through the Ministry of National Education. However, in the Independent Curriculum, the government offers no supervision instruments.

Therefore, clinical supervision instruments in the independent curriculum tailored to the subject teachers' context are needed. A structured and comprehensive instrument will assist educational institutions in conducting effective and consistent clinical supervision. The instrument should cover essential aspects of clinical supervision, such as classroom observation, feedback, guidance, and reflection, relevant to the needs and characteristics of subject teachers.

With an excellent clinical supervision instrument, educational institutions can ensure that clinical supervision is carried out consistently, objectively, and purposefully. Subject teachers will receive appropriate guidance in developing their teaching skills, significantly improving the quality of learning. Additionally, developing clinical supervision instruments suitable for the context of subject teachers will provide clear guidance for supervisors and assist them in making better decisions in the supervision process, and this will enhance the effectiveness and efficiency of clinical supervision implementation, ensuring that subject teachers have optimal teaching quality.

Therefore, developing appropriate clinical supervision instruments relevant to subject teachers is crucial to enhancing the quality of subject teachers' education. It is hoped that by developing a clinical supervision instrument model suitable for schools that have implemented the Independent Curriculum, issues encountered in implementing clinical supervision can be addressed. Subject teachers will receive adequate guidance and support from supervisors and opportunities to reflect on and improve their teaching practices, and this will enhance the quality of subject teacher education in Mataram City overall, helping to achieve better goals for junior high school education.

METHOD

This study aims to develop a model of clinical supervision instruments to support the implementation of the Independent Curriculum and determine how to develop Clinical Supervision Instrument Models to measure the implementation of the Independent Curriculum in Junior High Schools in Mataram City. Researchers studied principals and subject teachers as supervisors at

the junior high school level in Mataram City, who implemented the Independent Curriculum in the Academic Year 2022/2023. Development research or Research and Development (R&D) is a research method used to examine and test the effectiveness of products. The practical development model requires alignment between the approach used and the product to be produced. The development model planned follows the ADDIE process developed by authors [1, 2]. ADDIE stands for Analysis, Design, Development, Implementation, and Evaluation.

RESULTS AND DISCUSSION

The initial stage of this theoretical validation activity is an expert review of the drafted instruments. Qualitatively, the experts evaluating the instrument items comprised one Master of Educational Administration lecturer at Mataram University's Postgraduate Program and three School Principals. A set of instruments submitted consisted of Pre-Observation and Observation of Teaching Module Instruments, instrument matrices, and questionnaires assessing their items. The expert assessment of the instrument items was then qualitatively analyzed. The experts provided scores and suggestions for each item, and the researchers then analyzed these qualitatively to determine instrument validation. If experts gave items low scores or many suggestions for improvement, the researchers revised them. Refinement means improving the wording and checking the accuracy between indicators and dimensions, or, if items are not applicable either because of their indicators or because of wording with ambiguous meaning or interpretation, they have been reduced.

Based on expert reviews of the clinical supervision instrument, researchers improved and changed several indicators and reduced several statement items. The pre-observation instrument consisted of 13 components with 27 question items; after expert review, it became seven components with 31 question items, while the Teaching Module Observation instrument consisted of 3 components with 28 questions; after expert review, it became three components with 34 questions, this was because of suggestions from experts to reduce some items that did not match the indicators and combine some items that had the same meaning. Additionally, researchers improved the wording of some items and combined

several items into one sentence because they had the same meaning.

The expert review resulted in a new draft instrument that a panel will validate. The expert review produced a new draft instrument that a panel will validate. The panel will validate 31 items for the pre-observation instrument, consisting of 7 components. The teaching module observation instrument consists of 2 dimensions with three elements, totalling 34 questions. Researchers have qualitatively tested these items, considering the alignment between the items and the indicators and the accuracy of language use in the statements.

The research result of Developing Clinical Supervision Instrument Models for the Independent Curriculum is as follows: Clinical Supervision Instrument Model to measure the implementation of the Independent Curriculum in Junior High Schools in Mataram City.

1. Pre-Observation Teaching Module Instrument Model. The completeness of the pre-observation instrument components in substance must consist of 7 assessed components.
2. Teaching Module Observation Instrument Model. In the clinical supervision instrument, the implementation of teaching is divided into two components: Personality and Learning Activities.

Pre-Observation Instrument Model

Pre-observation is commonly referred to as the initial meeting stage in implementing clinical supervision conducted by supervisors. This stage becomes the determinant for the next stage. The pre-observation teaching module instrument is used in the initial meeting stage to aim for the principal or subject teacher supervisor and the teacher to develop the framework for teaching module observation, emphasizing the importance of using effective clinical supervision instruments in improving teaching quality.

The pre-observation instruments include seven aspects of completeness and clarity of subject identity (Institution Name, Academic Year, School Level, Phase/Class, Element/Topic, Jam Application), Competency Achievement Indicators tailored to the ability to identify and measure the achievement of competencies in knowledge, skills, and attitudes expected from students in various aspects and formulate Indicators Covering Knowledge, Skills, and Attitudes in Learning [3]. Clinical Supervision instruments are tools school principals use to understand

teachers' abilities to design, implement, and evaluate learning outcomes.

The compatibility of the initial competence statement with learning achievement, the suitability of the lesson plan that can be integrated with the values in the Pancasila learner profile, and the targeting of learners with learning difficulties so that they can design learning from the level of knowledge to the level of assessment and the development of creativity, according to the author [4], teachers must have adequate knowledge and skills.

One of the indicators in the pre-observation supervision instrument is the target students, which is essential for a teacher to understand the characteristics of diverse students. Teachers can design appropriate activities to achieve students' goals or competencies with this understanding. Teachers can arrange student seating according to their characteristics and pay special attention to students with special needs. Thus, teachers must also design learning activities appropriate for the desired competencies.

The authors of [5] argue that teachers can adapt their teaching to the talents and needs of individual students by introducing differentiated learning styles. The authors of [6] emphasize that teachers need the flexibility to adapt learning to students' abilities and local contexts and materials; this is necessary because the Independent Curriculum expects teachers to implement differentiated learning.

Teaching Module Observation Instrument

The learning process is a carefully planned activity by teachers to enable students to learn and achieve the desired level of competency authors [7]. The implementation of learning should follow the Teaching Module, be conducted with good classroom management, and utilize various teaching variations and communication with students. Adopting activities tailored to the development of learners and learning materials will create a conducive and enjoyable learning atmosphere; this impacts student activities during the learning process. Finally, teachers also need to develop assessments based on the competencies to be achieved so that evaluations can provide an accurate picture of student achievement.

The developed clinical supervision observation instrument for teaching modules includes personality and learning activities.

1) *Personality*. The developed supervision instrument has five personality assessment indicators: Charismatic, Authoritative, Firm, Vocational, and Samahta. Teachers must establish these five indicators because they reflect their personality in delivering educational teaching, such as being practical, empathetic, and courteous in communication with students. With a vocational approach, the teacher is not hesitant to help students monitor their potential, and the teacher is firm if students disrupt or are undisciplined in the learning process. The author [8] emphasized that teachers need to show affection for students, establish good relationships with them, be aware of their duties in society, demonstrate good morals, honesty, and sincerity, keep up with the development of knowledge, continually learn, have steadfast aspirations, maintain physical health, and have good social competencies.

2) *Learning Activities*. Learning activities include introductory activities, core activities, and closing activities. Introductory activities enhance teachers' preparation and ability to develop the learning process. Indicators in introductory activities include preparing students physically and psychologically, conducting apperception, and explaining objectives and indicators according to the Learning Objectives (LO). With thorough preparation, teachers can implement learning in a structured and orderly manner, creating a conducive learning atmosphere that encourages positive student activity. Mastery of basic teaching skills is essential for achieving this.

One factor affecting the effectiveness of learning is the teacher's ability to implement teaching strategies. These strategies are applied to various factors, such as learning objectives, student characteristics, situational conditions, facility availability, and the overall learning context [9, 10].

Indicators in core learning activities include:

- a) The teacher conducts teaching activities according to the comprehensively prepared plan, and its implementation demonstrates the teacher's understanding of the learning objectives;
- b) The teacher implements teaching activities focusing on supporting the student learning process, not just testing, thus reducing the pressure students feel;
- c) The teacher delivers new information, such as additional material, considering the level of student learning ability;
- d) The teacher views student mistakes as part of the learning process, not just errors to be cor-

rected. For example, the teacher asks for input from other students before explaining the correct answer;

e) The teacher implements learning activities according to the curriculum and relates them to the context of the student's daily lives;

f) The teacher carries out various activities with adequate duration according to the student's learning abilities and maintains students' attention;

g) The teacher manages the class effectively without being dominant or focused on personal activities, ensuring that all student time is used productively;

h) The teacher uses teaching aids, including audio-visual and information and communication technology (ICT), to enhance student learning motivation according to class conditions and learning needs;

i) The teacher provides many opportunities for students to ask questions, practice, and interact with other students;

j) The teacher uses teaching aids and audio-visual technology, including ICT, to enhance student motivation and achieve learning objectives.

Author [11] emphasized that active learning in the classroom is a teaching process where students are intellectually and emotionally involved, allowing them to participate actively in teaching and learning activities. This condition can only occur if the teacher provides more opportunities for students to be active in the classroom.

Author [12] stressed the importance of questions in expanding students' knowledge and improving their thinking skills, and teachers consistently apply this practice by asking students questions and providing appropriate responses. Teachers must show appreciation for students' opinions. Even when students give incorrect answers, teachers need to respond with understanding and provide relevant explanations. Thus, positive interaction between teachers and students expands knowledge and creates an environment supportive of growth and practical learning.

Authors [13] stated that the ability to manage learning refers to a teacher's skills in creating and maintaining optimal learning conditions and their ability to restore optimal learning conditions if disruptions occur in the learning process, whether temporary or continuous.

The presentation of the material is based on the use of media, contextualization of the material,

and a variety of teaching tools. However, some teachers successfully present the material in context; some do not fully use different media, indicating that adequate clinical supervision can improve teachers' teaching skills.

Ideally, learning should be interactive and inspirational in a fun atmosphere, arousing enthusiasm and challenging and motivating students to engage actively. It should also provide ample opportunities for initiative, creativity, and independence according to students' talents, interests, and physical and psychological development.

3) *Closing Activities*. Closing activities involve summarizing learning, giving posts, and follow-ups. Most teachers are proficient in conducting closing activities, including posts that can be done at another time to provide further assignments to students. Author [12] stated that closing activities are essential for evaluating students' understanding of the material presented.

Author [14] explains that in closing activities, teachers and students, individually or in groups, reflect on evaluating:

a) the entire series of learning activities and the results obtained. Furthermore, they together

identify the direct and indirect benefits of the learning outcomes that have occurred;

b) providing feedback on the process and results of learning;

c) conduct follow-up activities in the form of individual and group assignments;

d) inform us about the training plan for the next meeting.

CONCLUSIONS

The Development of Clinical Supervision Instrument Model in the Independent Curriculum for Junior High School in Mataram City results in development of a clinical supervision instrument model in the Independent Curriculum for Junior High School in Mataram City, resulting in 2 supervision instruments: the pre-observation instrument consisting of 7 components with 31 items, and the observation instrument implementation composed of 2 components, namely the personality component with five dimensions and the learning activity component with three dimensions, totalling 34 items of learning instrument questions.

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