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The Effectiveness of Clinical Supervision in Developing Teachers' Professional Competence: A Quantitative Study at SD Negeri 1 Kalipang Rembang

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A B S T R A C T

Teacher professional competence is a key determinant of education quality, yet many schools struggle to meet established competency standards. At SD Negeri 1 Kalipang, Rembang, aspects such as lesson planning, teaching strategies, and classroom management remain below expected benchmarks. This study aims to examine the effectiveness of clinical supervision in enhancing teachers' professional competence. Using a qualitative case study approach, data were gathered through in-depth interviews, classroom observations, and document analysis involving the principal and selected teachers. The supervision process was implemented in three structured stages: pre-observation meeting, classroom observation, and post-observation reflection. Findings reveal that clinical supervision, when applied in a dialogic, collaborative, and supportive manner, significantly improved teachers' instructional planning, pedagogical strategies, and classroom management. Teachers reported increased motivation, stronger professional responsibility, and enhanced reflective practice through constructive feedback and collegial dialogue. Moreover, the process fostered a culture of continuous learning and peer collaboration within the school. The study concludes that clinical supervision serves not only as a developmental tool but also as a catalyst for sustainable professional growth, contingent on effective leadership and institutional commitment.

1. Introduction

Teacher professional competence is a fundamental component in determining the quality of education. In accordance with Law No. 14 of 2005 and Government Regulation No. 19 of 2005, teachers are required to possess four main competencies: pedagogical, personal, social, and professional. Among these, professional competence is particularly crucial, encompassing the ability to master subject matter, design and implement effective learning strategies, and evaluate learning based on students' needs (Kemendikbudristek, 2023). This is reinforced

by the Regulation of the Director General of Teachers and Education Personnel (GTK) No. 2626/B/HK.04.01/2023, which emphasizes that a deep and broad mastery of content forms the core of professional competence. Professional competence directly influences the success of the teaching and learning process (Subekti & Sukmawan, 2021). A professional teacher not only masters the subject matter but also integrates knowledge, attitude, and skills within the learning process (Sari, 2022). Therefore, enhancing this competence requires continuous and strategic development efforts, such as training, workshops, and other self-improvement activities that adapt to educational advancements (Artha et al., 2021).

Despite existing regulations, a gap remains between policy and practice in many schools. At SD Negeri 1 Kalipang, Rembang, teachers have yet to consistently implement student-centered learning. School Self-Evaluation (EDS), Education Report Card data, and supervision reports show that teacher professional competence is still below the expected standard. For example, the Education Report Card for 2024 indicates that classroom management only reached 79.71% against the minimum standard of 85%, psychological support achieved 74.34%, and learning methods reached 72.30%. These findings reveal the need for improvement in several areas of professional competence.

Supervision data further highlight persistent challenges among teachers, such as difficulty in developing learning materials from diverse sources, applying active and innovative instructional methods, and managing the classroom effectively while conducting fair assessments. Contributing factors include the lack of teacher awareness and collaboration, limited access to ongoing professional development, inadequate facilities, weak principal involvement in academic supervision, and low intrinsic and extrinsic motivation (Utami & Mahfud, 2020; Pratiwi, 2023). In this context, the role of the school principal as an instructional leader becomes vital in guiding and empowering teachers through effective supervision..

Several contributing factors include the lack of teacher awareness and collaboration, limited access to professional development, inadequate facilities, weak principal involvement in academic supervision, and low motivation (Utami & Mahfud, 2020; Pratiwi, 2023). These issues limit innovation in teaching, adaptation to students' needs, and reflective practice. Without sufficient training, collaboration, and facilities, teachers struggle to apply modern learning strategies effectively. When principals are less active in supervision, guidance and constructive feedback become minimal, while low motivation further hinders teachers' willingness to improve. Thus, the principal's role as an instructional leader is essential in providing targeted and sustainable supervision to enhance professional competence.

One promising strategy to address these issues is clinical supervision. This approach, grounded in collaborative observation and reflection, involves structured steps such as pre-observation conferences, in-class observation, and post-observation feedback sessions (Abdullah & Soegeng, 2020). Clinical supervision emphasizes open dialogue and constructive feedback, fostering teacher awareness regarding their professional development needs. At SD Negeri 1 Kalipang, of the

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Previous studies by Artha et al. (2021) emphasize the importance of teacher development management through five stages: planning, organizing, implementation, supervision, and evaluation. However, few studies have examined the specific effectiveness of clinical supervision in improving professional competence at the elementary school level. This study aims to fill that gap by evaluating how clinical supervision is implemented and how it contributes to developing teacher professionalism at SD Negeri 1 Kalipang.

Professional competence, as reiterated in Regulation of the Director General of GTK No. 2626/B/HK.04.01/2023, includes mastery of subject matter, formulation of learning objectives, and organizing content with a student-centered focus (Kemendikbudristek, 2023). Febriana (2021) defines it as the teacher's ability to master material comprehensively to help students learn effectively. Wuisan et al. (2024) expand this by stating that professional competence involves the integration of knowledge, skills, attitudes, and responsibility. In the context of SD Negeri 1 Kalipang, areas for improvement in professional competence include aligning learning materials with the latest curriculum and scientific trends, creating a conducive classroom atmosphere, shifting from lecture-based methods to more engaging approaches such as problem-based learning and cooperative learning, applying authentic assessments like projects and portfolios instead of focusing solely on written tests, and increasing participation in professional development forums**.**

According to Fauzi (2020), there are eight steps to enhance teacher professionalism through clinical supervision, starting from need identification, joint planning, objective classroom observation, data analysis, feedback meetings, teacher reflection, follow-up mentoring, and continuous professional development. Unlike general academic supervision, which tends to be formal, evaluative, and focused mainly on planning and evaluation, clinical supervision adopts a more individualized and reflective approach. It emphasizes mutual agreement on the observation focus, partnership-based feedback, and non-judgmental dialogue (Rohmatika, 2018; Siswanto et al., 2021; Sulistyorini et al., 2021). This method allows teachers to receive constructive input that is directly related to their teaching context, encouraging them to reflect critically on their own practice and identify targeted areas for improvement.

In contrast to academic supervision, which generally aims to enhance the overall learning process through standardized procedures, clinical supervision is more personal and situational. It prioritizes the analysis of authentic teaching practices in the classroom, fosters collaborative relationships between supervisors and teachers, and utilizes observation instruments tailored to the needs and agreements of both parties. Through this approach, teachers can develop a deeper understanding of their instructional strengths and weaknesses, while also gaining the confidence to experiment with innovative teaching strategies**.**

Given the persistent challenges in teacher professionalism at SD Negeri 1 Kalipang, the implementation of clinical supervision holds significant potential as an effective strategy to bridge the gap between policy and practice. By focusing on continuous, context-responsive, and partnership-driven professional development, this study aims to examine how clinical supervision can foster sustainable improvements in teachers' professional competence, ultimately contributing to higher quality teaching and learning outcomes.

2. Methodology

This research employed a qualitative approach with a case study design to explore the effectiveness of clinical supervision in developing teachers' professional competence at SD Negeri 1 Kalipang, Rembang. The qualitative case study approach was chosen as it allows an in-depth understanding of the implementation process, context, and impact of clinical supervision practices within a specific school environment. As Yusriani (2022) affirms, the case study method is appropriate for analyzing real-life processes, social interactions, and school dynamics.

According to Creswell (2015), a qualitative approach enables researchers to holistically explore social phenomena in a natural setting. Therefore, this approach is well-suited to examine how clinical supervision supports teacher competence improvement in a real educational context. The study was conducted at SD Negeri 1 Kalipang, located in Sarang Subdistrict, Rembang Regency. This school was purposively selected due to its consistent and structured implementation of clinical supervision programs. The research procedures included initial observation, data collection, analysis, validity testing, and report writing.

The research subjects consisted of one school principal and three teachers who were directly involved in the clinical supervision process. They were selected through purposive sampling, a technique suitable for qualitative research that focuses on information-rich cases (Arikunto, 2020). These participants were considered capable of providing comprehensive insights related to the implementation and effectiveness of clinical supervision. Similarly, Riduwan (2020) asserts that key informants in qualitative studies are selected based on their relevance to the research objectives and their ability to describe the phenomenon deeply.

The main instrument of the study was the researcher. In qualitative research, the researcher functions as the key instrument for data collection (Sugiyono, 2021). To support this role, additional tools such as interview guidelines, observation sheets, and documentation checklists were also utilized. Three primary data collection techniques were employed: (1) Interviews: conducted in-depth using structured guidelines to obtain narratives and experiences from participants. (2) Observations: carried out in a participatory manner during the clinical supervision process to gather authentic behavioral data. (3) Documentation: involved collecting relevant documents such as lesson plans (RPP), photos, meeting records, and evaluation instruments. These three techniques, along with their specific objectives, data sources, and instruments, are summarized in table 1 to provide a clear overview of how the data collection process was structured and implemented throughout the study.

Table 1. Summary of Data Collection Techniques

No	Sub-focus	Technique	Physical Evidence
1	Initial supervision meeting	Interview, Observation, Document	Interview notes, lesson plans, attendance, photos
2	Learning observation	Interview, Observation, Document	Observation notes, schedules, observation sheets
3	Final supervision meeting	Interview, Observation, Document	Meeting minutes, evaluation sheets, follow-up plan

The collected data were analyzed using the interactive model of Miles and Huberman, which includes four components: data collection, data reduction, data display, and conclusion drawing/verification. This analytical process was carried out continuously from the beginning of data collection through to the drawing of final conclusions. Ghozali (2021) highlights that qualitative data analysis should be thorough and contextual, aiming to uncover the underlying meaning of data. The researcher actively interpreted the data and related it to the observed practices of clinical supervision in the field.

To ensure the validity of the data, the study employed source triangulation and method triangulation**.** (1) Source triangulation was achieved by comparing data obtained from the principal and the teachers. (2) Method triangulation was performed by cross-verifying data from interviews, observations, and documentation. According to Sugiyono (2021), triangulation is a technique for validating data by using external sources or alternative methods to corroborate the findings. This process ensures that the data are trustworthy and reliable in reflecting the actual dynamics of clinical supervision and its impact on teachers' professional competence.

3. Results and Discussion

This study was conducted at SD Negeri 1 Kalipang, Sarang Subdistrict, Rembang Regency, during the second semester of the 2024/2025 academic year. At the time of the research, the school environment was relatively conducive, with teaching and

learning activities running as scheduled. The school had a pleasant and well-maintained atmosphere, with neatly arranged classrooms and a friendly rapport between teachers and students. Nevertheless, it was observed that some teachers still relied on conventional teaching methods. During recess, students were actively engaged in social interactions in the schoolyard, while some teachers used the time to discuss matters in the teachers' lounge. The presence of the researcher and the principal during the clinical supervision process was met with openness, although there was a slight sense of apprehension at the outset, which gradually diminished as the process unfolded.

Data collection was carried out through classroom observation, structured interviews, and document analysis. The interviews followed a structured set of guiding questions designed to elicit detailed information regarding lesson planning, instructional strategies, classroom management, and teachers' professional development experiences. These questions also aimed to capture teachers' perceptions of the principal's role in supervision, as well as the challenges they faced in enhancing their professional competence. A complete list of these guiding questions is presented in table 2, which served as the primary reference during the interview process to ensure consistency and focus in data collection.

Table 2. Research Interview Guiding Questions

No	Research Question
1	How do you plan lessons before entering the classroom?
2	What learning resources do you usually use in the teaching process?
3	Which teaching methods or strategies do you most frequently apply?
4	How do you manage the classroom to keep students focused and actively engaged?
5	Do you implement differentiated instruction based on students' needs?
6	How do you provide psychological support to students experiencing learning difficulties?
7	How do you assess students' learning outcomes apart from written tests?
8	Have you ever attended training or workshops related to professional competence development?
9	What are the biggest challenges you face in developing your professional competence?
10	What is your perception of the principal's role in supervising teaching and learning activities?

This study involved six classroom teachers and two subject teachers, with the primary aim of exploring the effectiveness of clinical supervision in developing teachers' professional competence. The supervision process was implemented by the principal through a structured and reflective model comprising three key stages: pre-observation meeting, classroom observation, and post-observation meeting. Each stage was designed to foster open communication, build mutual trust, and provide constructive, data-driven feedback. The pre-observation meeting served to align expectations and determine observation focus, the classroom observation was conducted in a non-intrusive manner to capture authentic teaching practices, and the post-observation meeting facilitated reflective dialogue leading to a jointly formulated improvement plan.

Prior to the implementation of clinical supervision, teacher professional competence at SD Negeri 1 Kalipang was found to be below the expected minimum

standard. This conclusion was based on the 2024 Education Report Card and internal self-evaluation results. Three critical indicators classroom management, provision of psychological support to students, and application of active learning methods scored below the standard benchmark of 85%. Details are shown in the following table 3:

Table 3. Teacher Professional Competence Scores Based on 2024 Education Report Card

No	Competency Indicator	Achievement (%)	Minimum Standard (%)
1	Classroom Management	79.71	85
2	Psychological Support to Students	74.34	85
3	Application of Active Learning Methods	72.30	85

Source: Education Report Card of SDN 1 Kalipang, 2024

Further analysis of supervision results revealed that some teachers were still struggling to design contextual and student-centered lesson plans. Their classroom management strategies lacked variety and innovation, as reflected in low student engagement, a narrow range of instructional methods, and ineffective time utilization. In terms of subject matter mastery, several teachers had not yet integrated current developments in science and technology into their learning materials. These challenges were caused by several factors, including limited awareness of the importance of continuous professional development, a lack of peer collaboration, insufficient access to professional training, and weak academic supervision from school leadership. Additionally, the absence of rewards or recognition had impacted teacher motivation to improve.

Despite these challenges, a number of teachers had demonstrated proactive attitudes by participating in online training, joining teacher learning communities, and using simple technological tools such as educational videos and digital quiz applications. However, these initiatives were not yet widespread or evenly distributed among all teaching staff. The implementation of clinical supervision was carried out using a dialogic, participative, and non-evaluative approach that proved effective in fostering teacher trust, engagement, and motivation. In the pre-observation meeting, the principal initiated open communication to explore the classroom conditions, learning challenges, and expectations of each teacher. Teachers were given the opportunity to present and discuss their lesson plans, which were jointly reviewed for planning components, clarity of objectives, selection of strategies, and alignment of assessment instruments. The observation focus and instruments were mutually agreed upon, enhancing teacher ownership and commitment.

The classroom observation stage was scheduled at a time agreed by both parties. The principal entered the classroom in a non-intrusive manner and observed instructional activities without intervening. Observations were guided by agreed-upon indicators, including student participation, variation in teaching techniques, time management, and the quality of teacher-student interaction. Teachers taught naturally without pressure, reflecting a trusting supervisory climate. The principal

took detailed observation notes, which became the basis for post-observation reflection.

In the post-observation meeting, the principal and teacher sat together to reflect on classroom practices in a constructive and collegial atmosphere. The principal began by appreciating the teacher's strengths before moving on to identify areas for improvement, based strictly on observation data. This feedback session resulted in a jointly formulated Follow-Up Action Plan (RTL)**.** Teachers reported feeling respected and supported, which increased their motivation to improve instructional quality. Key focus areas and strategies formulated during the RTL are shown in the table 4 below:

Table 4. Follow-Up Action Plan (RTL) Based on Clinical Supervision Findings

No	Competency Aspect	Identified Problem	Agreed Improvement Strategy
1	Learning Material Development	Outdated references, not contextual	Use updated curriculum, digital resources, and references
2	Classroom Management	Low student participation	Apply differentiation, clear rules, and positive discipline
3	Teaching Method	Overuse of lecture method	Implement PBL, cooperative, and discovery learning
4	Assessment Technique	Overreliance on written tests	Use projects, portfolios, and observation-based assessments
5	Professional Development	Rare participation in training or forums	Join KKG, online seminars, and peer sharing sessions

Source: Field notes and RTL documents from post-observation meetings

Overall, the clinical supervision model applied at SD Negeri 1 Kalipang proved to be highly effective in enhancing teacher professionalism. It enabled teachers to recognize their strengths and weaknesses, reflect on their teaching practices, and take measurable actions for improvement. The principal's role as a learning partner rather than an evaluator created a safe space for growth. The combination of structured stages, constructive dialogue, and continuous mentoring significantly contributed to the improvement of teachers' professional competence, particularly in lesson planning, classroom delivery, and reflective practice.

The findings of this study affirm that the clinical supervision process implemented systematically and dialogically at SD Negeri 1 Kalipang has proven effective in developing teachers' professional competence. Carried out in three key stages pre-observation meeting, classroom observation, and post-observation meeting the supervision model placed emphasis on collaboration, trust, and reflection. Teachers were actively involved in each stage and received constructive, data-based feedback tailored to their classroom realities. Although some teachers still face challenges in classroom management, active learning implementation, and content mastery integrated with technological development, the process of clinical supervision functioned as an effective strategy for pedagogical improvement and reflective growth.

In this context, clinical supervision served not as a controlling mechanism, but rather as a facilitative platform for empowerment and mentoring. The principal assumed the role of learning partner, coach, and critical friend, fostering two-way communication and trust rather than delivering top-down evaluations. This implementation is in line with Glickman et al. (2018), who argue that clinical supervision is designed to improve instructional quality through cooperative and reciprocal efforts between supervisors and teachers.

The low baseline performance in several areas of teacher competence such as classroom management and active learning strategies highlighted in the Education Report Card suggests the absence of systematic and contextual professional development embedded within the school culture. In this regard, the study underscores the importance of academic supervision that is not only routine but also meaningful and responsive to teacher needs. The emergence of teacher-initiated activities, such as participation in online training and adoption of simple educational technology, indicates promising self-driven development, although these initiatives remain sporadic due to the lack of an institutional support system.

Clinical supervision, therefore, acted as a catalyst for both professional reflection and sustainable transformation in teaching practices. This is supported by Asyifah, Suryaningsih, and Nurman (2022), who state that clinical supervision fosters constructive feedback, self-reflection, and increased teacher confidence in designing, delivering, and evaluating learning. In SD Negeri 1 Kalipang, the collaboratively developed Follow-Up Action Plans (RTLs) functioned as tools to reinforce peer learning and reflective teaching culture, encouraging continuity beyond one-time interventions.

Similarly, research by Nurasiah (2020) found that clinical supervision through structured cycles of pre-observation, observation, and post-observation significantly improved teachers' planning skills and instructional effectiveness. At SD Negeri 1 Kalipang, this approach was mirrored in the practice of reviewing lesson plans jointly, conducting objective, non-intervention classroom observations, and engaging in reflective feedback sessions. These practices supported teacher self-awareness and strategy formulation for professional growth. Sunardi and Satori (2023) also emphasized that clinical supervision based on observation, evaluation, and coaching helps teachers identify both strengths and weaknesses, improve pedagogical decisions, and strengthen motivation through collaborative relationships. These outcomes were reflected at SD Negeri 1 Kalipang, where teachers reported enhanced motivation and professional pride following reflection sessions based on observational data.

Further supporting this, research by Sari (2020) at a vocational school in West Jakarta demonstrated that clinical supervision positively influenced pedagogical competence by improving teacher self-efficacy. The Kalipang study observed a similar trend: when teachers were recognized for their instructional strengths and engaged in dialogic reflection, their self-efficacy improved, which in turn encouraged greater engagement in developing their teaching performance. In another study, Imelda (2020) found that the application of clinical supervision in

action research significantly increased instructional competence from 65% in the pre-cycle to 82.6% in the second cycle. A similar trajectory was observed at SD Negeri 1 Kalipang, where teachers who previously demonstrated minimal variation in teaching methods began integrating active strategies and better classroom management techniques as a result of consistent coaching and feedback. Nevertheless, not all literature presents a flawless picture of clinical supervision. Wahyuningsih (2021), for instance, reported challenges during the pandemic in Semarang, such as limited teacher readiness, time constraints, and misunderstandings about the purpose of supervision. These challenges were also present in Kalipang, where peer collaboration remained uneven, access to professional development was limited, and there was a lack of extrinsic motivation such as formal rewards or recognition systems.

Despite these limitations, this study shows that clinical supervision created safe spaces for professional dialogue, awareness, and growth. Teachers expressed feeling heard, appreciated, and empowered, leading to significant improvements in instructional quality. However, to ensure sustainability and scalability, further institutional support is needed. This includes embedding clinical supervision into school culture, establishing structured teacher learning communities, providing regular and relevant professional training, and designing performance-based incentives that encourage continuous teacher development Thus, clinical supervision when implemented with care, empathy, and structure proves to be an effective strategy for developing teachers' professional competence, both by elevating instructional quality and by nurturing a culture of professional learning in schools

4. Conclusion

This study concludes that clinical supervision, when implemented systematically and dialogically, is an effective strategy for developing teachers' professional competence. At SD Negeri 1 Kalipang, clinical supervision was carried out through three structured stages pre-observation meeting, classroom observation, and post-observation reflection. Each stage emphasized collaboration, mutual trust, and constructive feedback, fostering a positive and supportive professional environment. The approach shifted the supervisory role of the principal from that of an evaluator to a facilitator of teacher learning. Teachers reported feeling respected, encouraged, and guided in identifying both strengths and areas for improvement. Clinical supervision proved valuable in improving instructional planning, diversifying teaching methods, and enhancing classroom management practices. Despite remaining challenges in implementing student-centered learning and integrating content with scientific and technological developments, this study shows that clinical supervision creates space for teacher reflection, growth, and innovation. Teachers' participation in online training and learning communities, though still limited, demonstrates the potential for self-driven professional development that can be further supported through structured supervision.

Ultimately, clinical supervision is not merely a monitoring mechanism but a meaningful developmental process. Its effectiveness depends on the principal's commitment to becoming a learning partner and on the school's ability to cultivate a collaborative culture. Sustaining its impact requires continuous support in the form of professional learning forums, targeted mentoring, and leadership that prioritizes teacher growth. Thus, clinical supervision holds great promise as a strategic tool to strengthen teacher professionalism and improve the quality of education at the elementary level

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