

## The Effect of Principal Clinical Supervision Strategy on Teachers' Pedagogic Competence in SMP Negeri 22 Tanjung Jabung Timur

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### ABSTRACT

This study aims to analyze and describe in depth how the clinical supervision strategy implemented by the Principal at SMP Negeri 22 Tanjung Jabung Timur affects the improvement of teachers' pedagogic competence. The primary focus is on understanding the processes, challenges, and outcomes of clinical supervision to improve the quality of learning. This study uses a qualitative case-study design. The primary data collection techniques include participant observation, in-depth interviews (with the principal, supervised teachers, and other teacher representatives), and document analysis (supervision instruments, learning implementation plans, and notes on classroom observation results). Data were analyzed using qualitative techniques, namely interactive models: data reduction, data presentation, and conclusions drawn. The results of the study show that implementing a systematic, collaborative, and sustainable clinical supervision strategy significantly influences teachers' pedagogical competence. The most effective strategies involve pre-observation (setting of focus and goals), classroom observation (objective data collection), and post-observation (reflective discussion and establishment of individual follow-up plans). The primary influence is manifested in improving teachers' abilities in: (1) formulating specific learning objectives, (2) managing classroom interaction and student motivation, and (3) conducting formative and summative evaluations. It was also found that a supportive professional relationship between the Principal and the teacher is the key to the successful implementation. From the results of this study, it can be concluded that clinical supervision is an effective managerial instrument for the professional development of teachers. It is recommended that Principals strengthen their role as mentors and facilitators, and provide adequate time and resources to ensure the consistent implementation of clinical supervision cycles.



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## **INTRODUCTION**

Education is the central pillar in building quality human resources. At the level of the education unit, teachers play a central role as the spearhead of curriculum implementation in the classroom. Therefore, improving the quality of education depends heavily on teachers' professional and pedagogical competence (Tilaar, 2012). Pedagogic competence, in particular, includes teachers' ability to manage student learning, from planning and implementation to the evaluation of learning outcomes, which directly impact students' academic achievement (National Education System Law No. 20 of 2003). However, the reality in the field often shows variations in teachers' mastery of pedagogical competence, especially in adapting innovative teaching methods and using learning technologies. To overcome these challenges, a structured and directed professional coaching and development mechanism is needed.

Mechanisms recognized as effective for the professional development of teachers include clinical supervision (Cogan, 1973; Acheson & Gall, 2003). In contrast to conventional supervision, which tends to be both inspective and administrative, clinical supervision is defined as a collaborative, systematic, and individualized effort to improve the quality of teaching through an intensive cycle of classroom observation and feedback. Clinical supervision focuses on specific (clinical) teacher teaching behaviors based on objective data collected during observation, with the primary goal of empowering teachers to be able to conduct self-reflection and continuous improvement (Glickman, Gordon, & Ross-Gordon, 2018).

The principal's role as a manager and supervisor is crucial to implementing this clinical supervision strategy. The Principal is not only responsible for administrative leadership, but also instructional leadership, including facilitating the professional growth of teachers (Hallinger & Murphy, 1985).

SMP Negeri 22 Tanjung Jabung Timur is one of the schools that faces special challenges in efforts to improve the quality of teachers, given the region's geographical complexity and resource availability. Although professional development programs have been implemented, their effectiveness needs to be evaluated, particularly through the lens of the principal's clinical supervision strategies. Therefore, this study seeks to fill the knowledge gap regarding the specific processes and qualitative impacts of the clinical supervision strategies implemented in the school. Although many quantitative studies have measured the correlation between supervision and teacher performance, this study uses a qualitative approach to understand how mechanisms and interactions in clinical supervision affect the depth of teachers' pedagogical understanding and practice, as perceived by teachers themselves and the Principal.

Based on the above background, the main research question to be answered is: "How does the clinical supervision strategy implemented by the Principal affect the improvement of teachers' pedagogic competence in SMP Negeri 22 Tanjung Jabung Timur?"

The purpose of this study is to describe, analyze, and interpret in depth the clinical supervision strategies applied by the Principal at SMP Negeri 22 Tanjung Jabung Timur. Furthermore, the mechanism and process of implementing the clinical supervision

strategy. As well as the qualitative influence of clinical supervision strategies on key aspects of teachers' pedagogic competence.

The results of this study are expected to make a theoretical and practical contribution. Theoretically, this research can enrich the body of knowledge, especially regarding effective models of instructional leadership by school principals in the local context. Practically, these findings can be an essential input for the Principal of SMP Negeri 22 Tanjung Jabung Timur and other education stakeholders in formulating more targeted policies for teacher professional development.

## LITERATUR REVIEW

### *Pedagogic Competence of Teachers*

Pedagogic competence is the ability of teachers to manage student learning. Law of the Republic of Indonesia Number 14 of 2005 concerning Teachers and Lecturers emphasizes that pedagogic competence is one of the four pillars of professional competence that teachers must have. In general, this competency encompasses a deep understanding of students, the design and implementation of learning, the evaluation of learning outcomes, and the development of students to actualize their potential (Law No. 14 of 2005; Mulyasa, 2014).

### *Pedagogic Competency Dimensions*

Key dimensions of pedagogic competence that are often the focus of improvement include: Understanding of Students, namely the ability to understand students' characteristics, potentials, and learning difficulties (Slameto, 2010). Learning Design is the ability to prepare a practical and relevant Learning Implementation Plan (RPP). The implementation of learning is the ability to manage classes, use varied methods and media, and create an interactive learning atmosphere (Sudargini & Purwanto, 2020). As well as learning evaluation, namely the ability to design, implement, analyze, and utilize evaluation results for continuous improvement.

### *Clinical Supervision*

Clinical supervision is a professional coaching process that focuses on improving teaching through a systematic and intensive cycle, based on objective classroom observation data (Cogan, 1973). The term "clinical" refers to its face-to-face, diagnosis-oriented nature (analysis of teaching data) and to the determination of specific, individual corrective interventions.

The main characteristics of clinical supervision include: Individual, i.e., Oriented to the specific improvement needs of one teacher. Collaborative is emphasizing parallel partner relationships between supervisors (Principals) and teachers, not inspections. Data-driven, i.e., Improvement decisions are based on factual data from classroom observations, not subjective assessments (Acheson & Gall, 2003).

Clinical supervision is generally carried out in a cycle consisting of several stages, which must be adhered to to ensure its effectiveness (Glickman, Gordon, & Ross-Gordon, 2018): Pre-Conference: The supervisor and teacher agree on the objectives, the focus of the observation, the instruments to be used, and the aspects to be observed. Class Observation: The supervisor observes the learning process in line with the agreed focus and records data objectively. Analysis of Data: Supervisors analyze observational data to identify teaching patterns, strengths, and areas for improvement. Post-Conference: A reflective discussion between supervisors and teachers, where the supervisor provides

data-driven feedback, and teachers are invited to find solutions and formulate improvement follow-up plans. Follow-up Plan (Follow-up/Recycle): The teacher implements the agreed-upon improvements, and the cycle can be repeated.

#### *The Role of Principals in Clinical Supervision Strategies*

The principal is not only an administrator, but also an instructional leader who is directly responsible for improving the quality of teaching in schools (Hallinger & Murphy, 1985). As instructional leaders, the Principal must be able to set a vision, manage the curriculum, and, most importantly, promote professional staff development, one of which is through clinical supervision.

The strategy used by the Principal greatly determines the success of clinical supervision. This strategy should ensure that supervision is integrated with School Programs: Supervision is not a separate activity, but an integral part of the school quality improvement program (Sergiovanni & Starratt, 2007). Using a Differentiation Approach: Strategies are tailored to the teacher's developmental level and specific needs (e.g., more targeted supervision for novice teachers, and more collaborative for experienced teachers) (Glickman, Gordon, & Ross-Gordon, 2018). Creating a Reflective Culture: Principals should use practical communication skills to prompt teacher reflection (e.g., with open-ended, non-judgmental questions) during post-observation sessions.

#### *The Effect of Clinical Supervision Strategies on Pedagogic Competency (Empirical Review)*

Theoretically and empirically, there is a positive relationship between adequate clinical supervision and improved teacher competence. In Self-Reflection Enhancement, clinical supervision forces teachers to measure their practice against objective criteria, thereby improving metacognitive awareness and self-reflective ability in their teaching (Suryosubroto, 2004). In Changes in Teaching Behavior, empirical studies show that specific, data-driven feedback focused on pedagogic competencies (e.g., wait time or questioning techniques) tends to result in more permanent changes in teaching behavior than general feedback (Wanzare & Da Costa, 2000). Meanwhile, in Improving Evaluation Efficiency through a focus on classroom data, teachers become more skilled in assessing the effectiveness of their own interventions, which is at the core of the pedagogic evaluation dimension.

This qualitative research aims to explore how the process and meaning of the Principal's clinical supervision strategy at SMP Negeri 22 Tanjung Jabung Timur translate into fundamental changes in teachers' pedagogical practice, complementing existing quantitative findings.

## **METHODS**

This section describes the approaches, design, location, data sources, data collection techniques, and data analysis techniques used to answer research questions regarding the influence of the principal's clinical supervision strategy on teachers' pedagogic competence.

### **Research Approach and Design**

This study uses a qualitative approach. The qualitative approach was chosen because it aims to understand social phenomena in depth (holistically and contextually), namely the processes and meanings behind the implementation of clinical supervision strategies and their impact on changes in teachers' pedagogical practices (Creswell, 2014). Qualitative research allows researchers to explore the perspectives of the research

subjects, including the principal and teachers, regarding their experiences, motivations, and interpretations of the supervisory process.

### **Research Design**

The research design used is a Case Study. SMP Negeri 22 Tanjung Jabung Timur is designated as an intensive single-intrinsic case unit. Case studies are suitable because they aim to understand a contemporary phenomenon in depth and in real-life contexts, i.e., how clinical supervision strategies operate and influence teachers' practices in the school setting (Yin, 2018).

### **Location and Source of Research Data**

The research was carried out at SMP Negeri 22 Tanjung Jabung Timur. The selection of this location was based on the consideration that this school is a location where the principal actively implements a clinical supervision strategy as part of the teacher quality improvement program.

The data sources in qualitative research are divided into: 1. Key Informants, consisting of the principal as the policy maker and the leading implementer of the clinical supervision strategy. Supervised (Target) teachers are those who are actively engaged in a cycle of clinical supervision and are selected based on specific criteria (e.g., teachers who show significant improvement or face particular challenges). 2. Supporting Informant, consisting of the Vice Principal for Curriculum, who provides data on the planning and evaluation of the supervision program. Senior Teacher/School MGMP Coordinator who provides a general view of the school's professional culture. The Secondary Data (Document) from this study is the official school document (Vision, Mission, Annual Work Program). Supervision documents (pre-observation instruments, class observation notes, post-observation discussion results, follow-up plans). As well as the teachers' Learning Implementation Plan (RPP) before and after supervision.

### **Data Collection Techniques**

The data collection technique uses methodological triangulation to achieve high data validity and credibility (Denzin & Lincoln, 2017). There are several data collection techniques, including: 1. In-depth Interview, which is an interview conducted in a structured and unstructured manner with key informants to explore their views, experiences, and understandings. 2. Principal's strategy and philosophy in clinical supervision. 3. Teacher's experience during the supervision stage (pre, observation, post). 4. Changes in pedagogic practices felt by teachers as a result of supervision.

In this study, the researcher made direct observations on: 1. The process of implementing the clinical supervision cycle (especially pre-observation and post-observation sessions). 2. The learning process in the classroom is carried out by supervised teachers, with a focus on the pedagogic competency aspects that are the target of improvement. 3. Professional interaction between the principal and the teacher.

In addition to direct observation, the researcher also conducted a documentation study. In this case, the relevant documents are collected and analyzed to verify and complement the data obtained from interviews and observations. The documentation study serves as a tool to trace the consistency between official policy and practice in the field.

### **Data Analysis Techniques**

Data analysis is carried out continuously from the first data collection to the drawing of conclusions. The data analysis technique used is the interactive model of Miles,

Huberman, and Saldana (2014), which consists of three interconnected flows of activities: 1. Data Reduction: The process of selecting, focusing, simplifying, and abstracting raw data from field notes and interview transcripts. Data were reduced to those relevant to the research focus (supervision strategies and pedagogic competence). 2. Data Display: Data that has been reduced is presented in the form of narratives, matrices, or charts to facilitate understanding and conclusion. The presentation of qualitative data aims to find patterns and relationships between variables. 3. Conclusion Drawing and Verification: The researcher begins to draw tentative conclusions from the beginning and verify them as the data collection and analysis process progresses. The conclusion should be supported by credible evidence from the triangulation of the data sources.

### **Trustworthiness**

To ensure the validity of the findings, several criteria are used: 1. Credibility, achieved through Source Triangulation (comparing data from school principals, teachers, and documents), Method Triangulation (comparing the results of interviews, observations, and documents), and Observation Extension (ensuring that the data collected is in-depth). 2. Transferability, carried out with a detailed description of the context (thick description) so that the reader can assess the extent to which these findings can be applied to other contexts. 3. Dependability, reviewed through Audit Trail or complete records of the research process, from start to finish. 4. Confirmability, achieved by showing that the findings are based on the data collected and not the researcher's bias (objectivity).

## **FINDINGS AND DISCUSSION**

### ***Principal's Clinical Supervision Strategy and Its Implementation***

The key finding of this study is that the Principal at SMP Negeri 22 Tanjung Jabung Timur does not adopt a rigid clinical supervision model but instead modifies it into a strategy that emphasizes supportive and collaborative professional relationships. This strategy is closely aligned with the core principles of modern clinical supervision, which emphasize a partnership between supervisor and supervisee (Glickman, Gordon, & Ross-Gordon, 2018).

The results of the interviews showed that the principal always began the supervision process by building trust and eliminating the nuances of judgment, allowing teachers to feel comfortable being open about their teaching challenges. This is important, given that the qualitative context indicates that teachers' acceptance of supervision is strongly influenced by their perceptions of the supervisor's intentions and role.

Although flexible, the principal's implementation of clinical supervision at SMP Negeri 22 Tanjung Jabung Timur consistently follows the standard cycle: Pre-Observation, Observation, and Post-Observation. Pre-Observation as Focus Determination: This stage is proving crucial. The principal's strategy is to let teachers choose the specific pedagogic competencies they want to improve. This gives the teacher ownership of the self-development process, thus distancing supervision from the impression of inspection and bringing it closer to the concept of coaching (Cogan, 1973). Objective Observations: Principals use structured instruments to collect factual and objective data (*e.g.*, records of time spent on student interactions, types of questions asked, or media use). The emphasis on this data is central to the "clinical" aspect, providing specific, measurable feedback that supports the credibility of the findings (Acheson & Gall, 2003). Post-Reflective Observation: The principal's debriefing strategy uses open-ended questions to prompt deep reflection among teachers. The principal acts as a facilitator, helping teachers analyze their observational data and formulate independent solutions (Lipscombe *et al.*, 2025).

## **The Influence of Clinical Supervision Strategies on Teachers' Pedagogic Competence**

The findings show that this collaborative and data-driven strategy has a significant and detailed influence on improving key dimensions of teachers' pedagogic competence. Before supervision, many teachers tend to prepare generic lesson plans. After going through the supervision cycle, especially in the pre-observation stage, teachers become more able to formulate specific, measurable learning objectives aligned with student learning outcomes. This aligns with the demands of pedagogical competence in planning effective learning (Mulyasa, 2014). Specific feedback on the relationship between the lesson plan and classroom implementation is the catalyst for this change.

After supervision, there was an increase in the dimensions of classroom implementation and management. This is the area where the influence of supervision is most visible. Based on the teacher's observation and confession: 1. Variation in Teaching Methods: Supervised teachers show an increased use of more varied and student-centered teaching methods, especially in triggering active interaction and engagement of learners. 2. Questioning Skills: Observational data showed an improvement in the quality of teachers' questions, from low-level questions (remembering) to high-level questions (analyzing and evaluating). This increase is a direct result of specific data feedback during the post-conference.

The most fundamental influence of clinical supervision is the development of teachers' ability to conduct formative evaluations and self-reflection. The principal's strategy of requiring teachers to analyze their own observational data has fostered professional independence. Teachers no longer wait for assessments from outsiders but become agents of change in their own practices. This is the highest indicator of the success of clinical supervision, i.e., the achievement of self-supervision (Sergiovanni & Starratt, 2007).

These findings reinforce the theory of Principal Instructional Leadership by Hallinger & Murphy (1985), particularly in schools in resource-limited areas. Instructional leadership not only means organizing the curriculum, but also actively facilitating the development of teachers' individual capacities (Hardwick-Franco, 2019). Qualitatively, this study provides contextual evidence that the influence of clinical supervision lies in the quality of interpersonal interaction and the use of objective data. The success at SMP Negeri 22 Tanjung Jabung Timur confirms that a teacher-centered, data-driven approach can effectively bridge the gap between pedagogic theory and classroom practice, ultimately improving teachers' pedagogic competence sustainably.

## **CONCLUSION**

Based on the results of qualitative data analysis and an in-depth discussion of the implementation process and its influence, this study concludes the following: 1. An Effective Clinical Supervision Strategy is Collaborative and Data-Based. The principal of SMP Negeri 22 Tanjung Jabung Timur implemented a modified clinical supervision strategy by positioning himself as a professional partner (coach) rather than an inspector. The successful implementation of this strategy relies heavily on the emphasis on systematic cycles (Pre-observation, Observation, Post-observation) and the use of objective data from classroom observation as a single basis for feedback and reflection, in accordance with the principles of clinical supervision. 2. Clinical Supervision Has a Specific

Positive Influence on Teachers' Pedagogic Competence. The influence of the principal's clinical supervision strategy is not general but specific, especially in improving teachers' critical pedagogic competence dimensions. The improvement is manifested in: a. Learning Design: Teachers are better able to develop more specific and measurable learning objectives (success indicators). b. Learning Implementation: Teachers show significant improvements in a variety of teaching methods, classroom interaction management, and high-level questioning skills. c. Self-Reflection and Evaluation: This strategy successfully fosters professional independence and self-reflection skills in teachers, which is the highest achievement of continuous professional development. 3. The Key to Success is a Supportive Professional Culture. The principal's professional culture strongly supports the effectiveness of this strategy. Relationships based on trust and open communication are essential prerequisites that allow teachers to receive constructive criticism and be motivated to make continuous improvements.

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