Enhancing the Paikem Learning Model's Applicability: The Clinical Supervision Model

by Saut Purba, Akdel Parhusip

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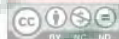
Abstract: This study aims to determine the increase in the ability of class teachers to implement the PAIKEM learning model through the application of clinical supervision with a collaborative approach at SDS Santa Lucia Sei Rotan. A sample of 10 people was determined based on a purposive sampling technique. The research was conducted in two cycles, each consisting of four stages: planning, implementing activities, observing, and reflecting. Data collection through interviews, observation, and documentation. The study's results concluded: (1) In the pre-cycle, teachers still needed to implement the PAIKEM learning model. (2) In the first cycle, the teacher's ability score to apply the PAIKEM learning model = 52.22 (very low). In the second cycle, the teacher's ability increased significantly, namely 95.46 (very good). (3) Student activity in the first cycle average score = 65 (poor category). There was a fairly high increase in the second cycle, with an average score = of 91.67 (very good). The findings of this study, through the application of clinical supervision with a collaborative approach, can improve the teaching abilities of class teachers with the PAIKEM learning model.

Abstrak: Penelitian ini bertujuan untuk mengetahui peningkatan kemampuan guru kelas melaksanakan model pembelajaran PAIKEM melalui penerapan supervisi klinis dengan pendekatan kolaboratif di SDS Santa Lusia Sei Rotan. Sampel berjumlah 10 orang yang ditetapkan berdasarkan teknik purposive sampling. Penelitian dilakukan dalam dua siklus, masing-masing terdiri dari empat tahap yakni: perencanaan, pelaksanaan kegiatan, observasi, dan refleksi. Pengumpulan data melalui wawancara, observasi, maupun dokumentasi. Hasil penelitian menyimpulan: (1) Pada pra siklus menunjukkan bahwa guru pada umumnya belum menerapkan pembelajaran model PAIKEM. (2) Pada siklus pertama skor kemampuan guru menerapkan pembelajaran model PAIKEM = 52,22 (amat kurang). Pada siklus kedua kemampuan guru meningkat secara signifikan yakni 95,46 (amat baik). (3) Aktifitas siswa pada siklus pertama skor rata-rata = 65 (kategori kurang). Sedangkan pada siklus kedua mengalami kenaikan cukup tinggi dengan skor rata-rata = 91,67 (amat baik). Temuan penelitian ini, melalui penerapan supervisi klinis dengan pendekatan kolaboratif dapat meningkatkan kemampuan mengajar guru kelas dengan model pembelajaran PAIKEM.

A. Introduction

Teachers, as one of the determining factors for the success of education, must be professionals. Namely, in addition to having certain academic qualifications, they must have pedagogical competence, personal competence, social competence, and professional competence that support their duties as educators (National Education System Law No. 20 of 2003 article 10) (Jaini, 2021; Sudianto & Kisno, 2021), Furthermore, professional teachers should ideally master various learning models and be able to apply them according to students' conditions (Waghe, 2018). (Sugiarto, 2018) it is revealed that the competence of our teachers nationally is still relatively low. Likewise, not all teachers can master learning models and apply them according to students' conditions and learning objectives (Walyati, 2022).

Effective teacher professional development must include clinical supervision since it allows teachers to engage in reflective practices, get helpful criticism, and develop their teaching abilities (Veloo et al., 2013). It is impossible to overstate the value of clinical supervision in education as it directly affects the standard of instruction, student learning outcomes, and systemic school reform (McGhee & Stark, 2021). Clinical supervision aims to enhance teaching practice through collaboration between teachers and supervisors. It combines reflection, observation, and feedback to enhance teachers' instructional effectiveness, foster professional development, and raise student accomplishment (Chidobi, 2015). It has been demonstrated that clinical supervision is a useful technique for enhancing instruction and encouraging teacher growth. Several studies have shown that instructors with access to clinical supervision are more likely to experiment with new teaching methods, implement new instructional strategies, and enhance student learning results (Musundire & Dreyer, 2019). Teachers undergoing clinical supervision have access to a secure and encouraging atmosphere where they can reflect on themselves and receive helpful criticism. It allows instructors to assess their strengths and weaknesses as educators and devise strategies for growth. Thus, clinical supervision enables teachers to get continuing support and direction, which is crucial for sustaining growth, maintaining motivation, and boosting confidence.

The benefits of clinical supervision for teachers are numerous. First, it enhances their instructional effectiveness by allowing them to receive feedback on their teaching practice (Lefroy et al., 2015). Feedback enables teachers to identify improvement areas and develop strategies to enhance their teaching effectiveness. Second, clinical supervision promotes teacher development by providing opportunities for professional growth (Agih, 2015). Teachers are encouraged to experiment with new instructional strategies, learn from their mistakes, and take risks. This leads to greater self-efficacy and confidence in their teaching abilities. Third, clinical supervision improves student learning outcomes by providing teachers with the support and guidance they need to deliver high-quality instruction (Martin & Kumar, 2017). Teachers who receive clinical supervision are more likely to use evidence-based instructional strategies, provide timely feedback to students, and differentiate instruction to meet the needs of all learners. Fourth, clinical supervision

contributes to school improvement by promoting a culture of continuous improvement (Mette et al., 2015). Teachers in clinical supervision are more likely to collaborate with their colleagues, share best practices, and work towards common goals.

Despite its numerous benefits, clinical supervision for teachers also poses several challenges. One of the main challenges is the need for more time and resources. Clinical supervision requires a significant investment of time and resources, which can hinder its implementation in many schools (Phillips et al., 2017). Additionally, clinical supervision may require a shift in the school culture, which can take time to achieve. It requires a shift from a traditional, hierarchical supervision model to a more collaborative and supportive one. Another challenge is effective communication and collaboration between teachers and supervisors (Rahabav, 2016). Effective communication is essential for building trust, developing a shared vision, and establishing clear goals for clinical supervision. It requires a willingness to listen, provide constructive feedback, and engage in reflective practices. With effective communication, clinical supervision may become a source of stress and tension for teachers, positively impacting their motivation and engagement.

The PAIKEM learning model is one of the cooperative learning models recommended by UNESCO (Izziyati, 2022). PAIKEM learning, according to Rusman is the realization of the four pillars of education proclaimed by UNESCO; (1) learning to know (learn to know), (2) learning to do (learn to do), (3) learning to be (learn to be yourself), (4) learning to live together (learn to live socially) (Suyono, 2018; Benyamin & Gracia, 2022). PAIKEM learning has advantages, namely, student-centered, creating a lively and fun learning atmosphere, encouraging students to participate actively, students becoming bold and having creative opportunities, students learning to create ideas and innovate, and learning becoming effective and meaningful (Sukanto, 2021). This learning model uses multi-methods and multimedia, and students work in teams, practice directly, can use the surrounding environment as a means and source of learning, carried out inside and outside the classroom, respecting the uniqueness of each student and paying attention to its development holistically (logic, skills, and ethics) (Tagoe, 2022).

Furthermore, the quality of learning is expected to increase if the teacher can carry out the PAIKEM model of learning (Asari et al., 2021). One of the efforts to increase teachers' abilities is through assistance in clinical supervision. Clinical supervision is a supervisory service for teachers to improve and improve the quality of their competence (Dani, 2022). Mainly this supervision is carried out using a collaborative approach (Collaborative Approach), namely collegial-peer, Sahertian (in Santi & Dwikurnaningsih, 2021). In this approach, the supervisor (a), in a relaxed and friendly atmosphere, expresses the objectives of the supervision carried out, (b) together with the teacher, agrees on the activities to be carried out under supervision, (c) observes the teacher while carrying out the learning process, (d) helps the teacher solve the problems she/he is experiencing, (e) negotiations with teachers for follow-up coaching in the next cycle (Ginting, 2022). The research framework is as follows:
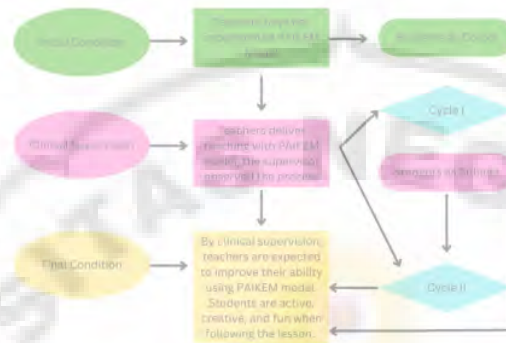
Figure 1. Scheme of the Research Framework

From Figure 1, it is illustrated that the research is urged to carry out due to the issue that the teachers still need to implement the PAIKEM model, which resulted in the students becoming the object of the teaching and learning process. Therefore, clinical supervision is necessary to cope with an issue where the teachers are expected to teach with the PAIKEM model. The supervisor accompanies them through the observations during the process in the first cycle. This cycle is expected to transform the role of the students to be the subject of the learning process. In the final stage, after implementing the PAIKEM model combined with clinical supervision, the teachers are expected to improve their teaching ability using the PAIKEM model, which results in the different conditions of the students attending the lesson actively, creatively, and with fun.

This study focuses on the clinical academic supervision process that goes hand-in-hand with teachers as they improve and enhances the teaching-learning process. Principals, teachers, and researchers identified inadequacies and weaknesses that occurred during the learning process in this study since clinical supervision was used individually and in groups. In order to increase the quality of learning, principals and instructors look for remedies to these flaws and deficiencies. As a result, teachers can monitor their behavior so that they may evaluate every lesson they have taught. This study aims to improve the quality of learning by implementing clinical supervision of the learning process using the PAIKEM model carried out by elementary school teachers.

B. Method

This research uses school action research (school action research) to improve the ability of classroom teachers to use the PAIKEM learning model (Malik, 2020). Research is carried out continuously (using cycles) until the objectives are achieved. The research was conducted at SDS Santa Lucia Sei Rotan from March 2021 to May 2021. The sampling technique was determined by purposive sampling based on criteria; senior teachers, permanent teacher status at foundations, have received educator certificates, and teachers of grades I to V.

Figure 2. Design School Action Research

The number of research subjects was 10 teachers. The object of research was the teachers' ability to apply the PAIKEM learning model (Arisandi, 2019). This research is successful if the average value of the teacher's ability to use the PAIKEM learning model reaches a minimum of 80 and at least 80% of the subjects can use the PAIKEM learning model. The score categories are determined as follows: Scores 90-100 (very good), 80-89 (good), 70-79 (enough), 60-69 (poor), and 60 and below (very poor) (Aslam et al., 2021).

C. Results and Discussion

Result

The initial condition is that the teachers still need to implement the PAIKEM model of learning. After the socialization, the teachers made lesson plans according to the PAIKEM learning model. The results showed that only 10% of the teachers could initially prepare PAIKEM learning models (lesson plans) with a score of 85.42 (good). At the same time, 90% of teachers belong to the good category. The average score of the teacher's overall ability is 77.08 (enough). The supervisor provides an opportunity for each teacher to revise the lesson plans. In the First Cycle, the researcher, together with the supervisor, made plans and prepared the things needed to carry out the supervision, namely determining the supervision schedule, studying observation instruments, preparing supporting facilities in the form of stationery, cameras, camcorders (Samosir et al., 2020).

In the implementation action, the supervisor holds a preliminary meeting (initial dialogue) with each teacher in intimate, friendly, empathic communication. Teachers realize that the learning carried out so far is still teacher-centered, with only two-way communication between teachers and students. In contrast, communication between students still needs to be implemented. Learning becomes less fun and even too serious for elementary school age. Supervisors and teachers review the revised lesson plans. The result is that each teacher has an increased ability to make lesson plans with the PAIKEM learning model. Namely, 50% of teachers can plan lessons in the very good category, and 50% are classified as good. Overall, the teacher succeeded in making lesson plans with an average score of 90.2 (very good category).

Based on the results of observations made by supervisors and researchers, the score for the teacher's ability to apply the PAIKEM learning model in the first cycle is as follows; only 10% of teachers succeeded in the good category with a score of 84.72. Furthermore, 30%

of teachers are in the lower category with scores between 60-69, and the remaining 60% still need improvement. At the same time, the average value of the overall ability of the teacher is 52.22 (very less).

Furthermore, regarding the learning atmosphere and student activities in participating in the PAIKEM learning model, 10% of the class succeeded in creating a student learning atmosphere according to the PAIKEM learning model with a score of 91.67 (very good). Furthermore, 10% of the class scored 77.08 (enough), 40% scored between 60-69 (less), and another 40% belonged to the very poor category with a score below 60. The total average score was 65 (not enough).

Reflection was then carried out after observations by the supervisor with the teacher to analyze and discuss the results of the teacher's actions during the learning process. Some of the findings are that the teacher seems to be trying to make the best of it but still falls into the old pattern of teaching which is still teacher-centered, communication is still two-way, the classroom including student seating positions has not been arranged in such a way as to support interaction between students, still, the lecturing method and questions and answers, not allowing students to ask questions (Brennan et al., 2021) and only a few have implemented the discussion method (Sipayung & Kisno, 2022) since most teachers were so nervous that they missed the learning steps. Based on the entire process in the first cycle, it can be concluded that the teachers' ability to apply the PAIKEM learning model has failed (Jauhari, 2022). Therefore researchers, supervisors, and teachers plan the second cycle of activities.

In the second cycle, the supervisor again held meetings and dialogues with the teacher in a relaxed, intimate, humane communication atmosphere to create good cooperation. The supervisor invites the teacher to recall the first cycle reflection points. This point is the main focus of improvement in the second cycle. Based on the results of observations made by supervisors, researchers, and third observers, the score for the teacher's ability to apply the PAIKEM learning model is as follows: 80% of teachers score 90-100 (very good category) and 20% score between 87 to less than 90 (very good category). Good category). The average score of all teachers is 95.46 (very good). Thus, the learning atmosphere and student activities following the PAIKEM learning model are as follows; on average, all classes succeeded in creating a learning atmosphere for the PAIKEM learning model with a score of 91.67 (very good) with details of 60% of classes scoring between 90-100 (very good) and 40% of classes with scores between 80-89 (good). The results of the second cycle of reflection showed an increase in the teacher's ability. The teacher seemed satisfied with the progress and was grateful for this clinical supervision activity. Supervisors and researchers appreciate each teacher's efforts to obtain change/improvement. In this second cycle, the teachers seemed mentally ready, and for the learning, media facilities were used (Nurmala, 2020). Some teachers even use projectors as learning media which helps the success of the second cycle. Supervisors invite teachers not to stop there but to continue to practice developing their professionalism as certified teachers. The research results can be displayed in Table 1 and Table 2 below.

Table 1. Recapitulation of Teacher Ability Scores applying the
PAIKEM Learning Model in Cycles I and II

No	Teacher	Activity						
		Cycle 1		Average and Score	Cycle 2			Average and Score
		P.1	P.2		P.1	P.2	P.3	
1	Gaol	21	22	21.5=59.72	35	35	36	35.33=98.15
2	Let	21	23	22=61.11	34	35	32	33.67=93.52
3	Bon	12	14	13=36.11	36	35	33	34.67=96.3
4	Elix	9	13	11=30.56	30	31	33	31.33=87.04
5	Elma	20	25	22.5=62.5	36	36	33	35=97.22
6	Esli	26	22	24=66.67	33	34	36	34.33=95.37
7	Lind	14	12	13=36.11	32	32	33	32.33=89.81
8	Mia	30	31	30.5=84.72	36	36	36	36=100
9	Meg	12	12	12=33.33	36	35	32	34.33=95.37
10	Lum	17	20	18.5=51.39	36	36	36	36=100

The scores of all teachers in Cycle 1 = 522.22:10 = 52.22 and in Cycle 2 = 954.63:10 = 95.46

Table 2. Recapitulation of Student Activity Scores in participating in the
AIKEM Model learning in Cycle I and II

No	Teacher	Observation Result						
		Cycle 1		Average Percentage	Cycle 2			Average Percentage
		P.1	P.2		P.1	P.2	P.3	
1	Gaol	66.67	70.83	68.75	91.67	87.5	91.67	90.28
2	Let	66.67	66.67	66.67	87.5	87.5	91.67	88.89
3	Bon	54.17	62.5	58.34	995.83	95.83	95.83	95.83
4	Elix	45.83	54.17	50	79.17	87.5	87.5	84.72
5	Elma	66.67	66.67	66.67	100	100	91.67	97.22
6	Esli	70.83	83.33	77.08	87.5	100	95.83	94.44
7	Lind	58.33	66.67	62.5	83.33	91.67	91.67	88.89
8	Mia	91.67	91.67	91.67	100	100	91.67	97.22
9	Meg	45.84	41.67	43.76	75	79.17	91.67	81.95
10	Lum	62.5	66.67	64.59	100	100	91.67	97.22

Table 3. Results of Cycles 1 and 2

Stages	Score
Cycle 1	52.22
Cycle 2	95.46

Figure 2. Recapitulation of Teacher Ability Scores applying the
PAIKEM Learning Model in Cycles 1 and 2

Discussion

This study illustrates that the ability of classroom teachers to apply the PAIKEM learning model at SDS Santa Lucia Sei Rotan can be improved through clinical supervision activities. Clinical supervision is applied as a series of collaborative guidance processes aimed at assisting teachers' professional development and changing teacher teaching behavior to a better level (Somayana, 2020). The increase that occurred was seen from several factors starting from the teacher's ability to prepare lessons in the form of lesson plans according to the steps of the PAIKEM learning model, which had increased. The lesson plan prepared by the teacher initially did not reflect the atmosphere of PAIKEM (Berliana et al., 2021). Only 10% of the teachers got the RPP score in the good category, and 90% got a good category. The overall average ability of teachers to prepare PAIKEM model learning is 77.08 (enough). This also shows that the learning carried out before supervision generally did not use the PAIKEM learning model. Furthermore, the results were very good when teachers were allowed to improve lesson plans. The average score of all teachers increased significantly to 90.2 (very good).

Furthermore, the results of the first cycle of supervision illustrate that the ability of all teachers to implement the PAIKEM model of learning could be better, with an average score of 52.22. Of all the teachers, only one person (10%) could implement the PAIKEM model of learning with a score of 84.72 (good category). The remaining 30% of teachers score 60-69 (poor category), and 60% score below 60 (very poor category). The second cycle of clinical supervision was generally very satisfactory. The teacher succeeded in applying the PAIKEM learning model. The method used was not limited to lectures, questions, and answers but was more varied. Even low-grade teachers, namely grades one and two, can guide students in discussions, and children present the results of their group discussions (Astuti, 2016). This action research shows that clinical supervision carried out at SDS Santa Lucia Sei Rotan increased classroom teachers' ability to apply the PAIKEM learning model. This research is supported by research conducted by Luh Amani et al (in Kasnadi, 2021) that the implementation of clinical supervision can improve teachers' abilities to manage the learning process. Likewise, Rugaiyah (2016) research developed information and technology-based clinical supervision guidelines to guide teachers in improving their

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teaching competence. Student activity in the first cycle increased where the average acquisition was 91.67, another class obtained an average of 77.08, and the rest were below 70. Meanwhile, the average overall student activity score (10 classes) was 65 (poor category). Student activity in learning aligns with the teacher's ability to carry out learning with the PAIKEM model, which is still low. In the second cycle, the student learning atmosphere changes to be relaxed and fun, and students are more active in the learning process. Opportunities for students to create and innovate are open (Rugaiyah, 2016). Students learn to communicate group findings through presentations, and students dare to discuss. Multi-way communication occurs, and learning becomes effective (Nurhayati, 2015). The results of this study are in line with Nurhayati's research (2016), which found that learning participation and learning achievement of fifth-grade students at SD Negeri Turi 1, Sleman in the Civics Study Semester 1 Academic Year 2013/2014 can be increased through Active, Creative, Effective and Fun Learning. This study's results also support Astuti (2016) findings in her research, which said that there was an improvement in learning after clinical supervision was carried out.

D. Conclusion

This study concludes that classroom teachers' ability to apply the PAIKEM learning model can be improved at SDS Santa Lucia Sei Rotan. Then, clinical supervision with a collaborative approach can help classroom teachers improve their ability to apply the PAIKEM learning model. Furthermore, the teacher's ability to apply the PAIKEM learning model can improve the quality of student learning at SDS Santa Lucia Sei Rotan.

PAIKEM and clinical supervision have several implications when used in combination. First, they promote effective teaching practices that improve student learning outcomes. When teachers use PAIKEM and receive clinical supervision, they are more likely to use evidence-based instructional strategies, differentiate instruction, and provide timely feedback to students. Second, they support teacher development by providing opportunities for professional growth. Teachers who use PAIKEM and receive clinical supervision are encouraged to experiment with new instructional strategies, to reflect on their teaching practice, and to collaborate with their colleagues.

All elementary-level class teachers should always improve the quality of their learning by practicing continuously using learning models, especially the PAIKEM model. Last, school supervisors and principals implement clinical supervision to provide full service to certified and non-certified teachers to increase their professionalism in teaching and create a fun and quality learning process.

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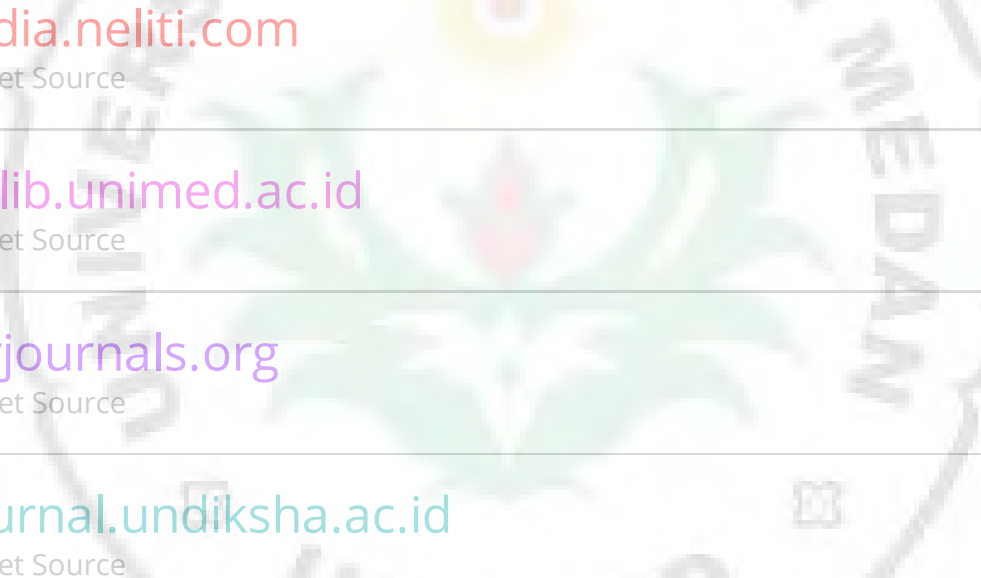
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