



Implementation of Supervisor Clinical Supervision in Increasing the Teachers Pedagogic Competence of Madrasah Tsanawiyah (MTs) in Masbagik District

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Abstract

The purpose of this study is to obtain a picture of how the strategy of implementing clinical supervision of supervisors to improve teacher pedagogical competence. This study uses a qualitative approach supported by a quantitative approach to get a general picture of the implementation of clinical supervision. The location of this study was conducted in two Madrasah Tsanawiyah (MTs) in Masbagik sub-district, namely MTs Al-Ijtihad Danger and MTs Al Khaer Ambung Masbagik Timur. The type of data collected in this study is divided into 2 (two), namely primary data and secondary data. Research informants obtained by Snowball sampling and purposive sampling techniques. Data collection techniques in this study are using interviews, observation and documentation. 1) Interview, a data collection technique through question and answer with research subjects and informants. Research results indicate that: 1) The implementation of clinical supervision includes the stages: planning, implementation, evaluation, analysis and follow-up. Supervision planning is designed by arranging the supervision program and socializing it to the madrasa so that all teachers know it. The implementation phase includes initial meetings, observations, and feedback meetings. MGMP and work shop are solutions that are taken as a follow up from clinical supervisi which is a discussion forum to discuss the lack of teacher performance. 2) The initial meeting of clinical supervision is done by first establishing familiarity with the teacher so that it does not seem daunting, then examining the syllabus and lesson plans, agreeing on aspects that will be supervised in the supervision instrument and setting the supervision schedule. At the observation stage, observe and record all activities of teachers and students in the class as a reference in feedback meetings. Feedback is carried out in feedback meetings to assist teachers in solving problems experienced while doing learning in class. 3) Internal constraints that are sufficiently hampering the implementation of clinical supervision are those of the supervisor himself because he is hampered by the many activities and workloads of supervisors. To overcome this obstacle, the East Lombok district office of the Ministry of Religion continues to work to overcome the discrepancy in the number of supervisors through the recruitment of prospective supervisors annually based on an analysis of supervisor needs made by the chairperson of the pokjawas. While the efforts of the Chairperson of the Pokjawas are to form a supervisory supervision team that will be tasked with conducting clinical supervision so that all teachers have the opportunity to be supervised.

Keywords: Clinical Supervision; Supervisor; Pedagogical Competence

Introduction

Law Number 20 Year 2003 regarding the National Education System article 39 paragraph 2 states that educators are professionals who are tasked with planning and implementing the learning process, assessing learning outcomes, conducting guidance and training, and conducting research and community service, especially for educators in College.

To carry out this task, we need educators (teachers) who are competent in their duties. Efforts to improve the quality of teacher's human resources require support from various parties, one of which is the school supervisor or madrasa. School / madrasah supervisors are professional personnel who play an important role in improving teacher competence and quality of education in schools/Madrasah. Teacher competence can be developed through academic supervision by supervisors, because supervision is an effort to stimulate, coordinate and guide continuously the growth of teachers in schools/Madrasah both individually and collectively, so that they are more understanding and more effective in realizing all teaching functions. To support supervisory supervision activities, the Pokjawas (Supervisory Working Group) of the Ministry of Religion in East Lombok Regency carries out a supervisory program which includes a monitoring, coaching and supervision program. Pokjawas periodically prepares a team supervision program every semester targeting all madrasahs in the East Lombok Regency area in stages. By implementing supervision in a team, it is expected that every teacher evenly gets more intensive coaching so that it will deepen their understanding in carrying out learning tasks.

Based on the description above the quality of education is strongly supported by the role of school/madrasah supervisors carried out through academic and managerial supervision activities in the context of fostering and developing the competence of teachers and principals/madrasah. Supervision is a supervisory process in the context of guidance and is a professional professional assistance conducted through dialogue on educational problems to find solutions to improve the performance of school/madrasah principals, teachers and other staff in order to achieve the quality of education. School/madrasah supervisors are professional personnel who play an important role in improving teacher competence and quality of education in schools.

Permendikbud No. 143 of 2014 concerning Technical Guidelines for the Implementation of the Functional Position of the School Superintendent and his Credit Score, states that the principal task of the School Superintendent is to carry out academic and managerial supervisory duties in the education unit which includes the preparation of supervision programs, implementation of coaching, monitoring the implementation of the National Education Standards, assessment, guidance and teacher professional training, evaluation of the results of the implementation of supervision programs, and implementation of supervisory tasks in special areas. Further explained in Government Regulation Number 74 about Teachers Article 54 paragraph 8, that the workload of supervisors of education units, supervisors of subjects, or supervisors of subject groups is to carry out the tasks of teacher professional guidance and training and supervision.

In addition to the supervisor's main duties, a supervisor must also have 6 (six) minimum competencies. This is confirmed in Minister of National Education Regulation No. 12 of 2007 concerning School/Madrasah Supervisory Standards, which states that a supervisor must have 6 (six) minimum competencies, namely personal competence, managerial supervision competence, academic supervision competence, educational evaluation, research and development and social competence.

Based on the explanation above, one of the supervisor's tasks is to carry out the process of professional teacher guidance in order to improve teacher competency. This guidance process is carried out through academic supervision activities. This is in accordance with the results of research Riyadi (2016), Sihombing (2014), Himdani & Awalya (2017) that academic supervision is also proven to be able to improve the teaching ability of teachers. The stages in conducting academic supervision include

planning, implementing, evaluating and following up. Academic supervision method that can help teachers in overcoming problems faced in the management of learning is clinical supervision. Clinical supervision is a special approach to academic supervision to diagnose teacher weaknesses or deficiencies in managing learning so as to reduce the gap between the real behavior of teacher learning and the expected ideal behavior.

Reality shows the ability of teachers in managing learning is still lacking. Most teachers do not make plans before implementing learning. While teachers who make learning plans are still copy and paste. In the implementation of learning most teachers teach with conventional styles that are dominated by lecture methods and have not shown approaches, methods and models of learning that are emphasized by the 2013 curriculum. The techniques for evaluating processes and learning outcomes are also less varied and only use a small part of some predetermined assessment techniques. This phenomenon shows that the teacher's pedagogical competence is still relatively low.

The ability of teachers to apply pedagogical competence is then the main target in clinical supervision activities. Through this clinical supervision the teacher will be given assistance in the management of learning which includes planning, implementing and evaluating the learning process and outcomes. Therefore, in his role as a supervisor, a supervisor has a duty to improve and develop the ability of teachers in managing learning or in improving pedagogical competence. However, from the results of preliminary studies that have been carried out, the implementation of clinical supervision conducted by supervisors has not fully provided significant changes to the improvement of teacher pedagogical competencies.

Matters that become a problem in the implementation of clinical supervision include the supervisory workload factor which is still relatively large and the division of supervisory tasks for Madrasah Tsanawiyah and Madrasah Aliyah are still combined. From the data obtained, the comparison of the number of mid-level supervisors with the number of madrasahs that are fostered is still relatively high. On average a supervisor supervises 19 madrasahs. Likewise, when compared to the number of teachers who were coached, an average supervisor supervised 337 (three hundred thirty-seven) teachers. These figures are classified as very high because in carrying out supervisory duties, a supervisor has a predetermined workload. The workload of a supervisor at the Madrasah Tsanawiyah level is supervising a minimum of 7 (seven) madrasahs and a maximum of 15 (fifteen) madrasahs, or supervising a minimum of 40 (forty) teachers and a maximum of 60 (sixty) teachers (PP No. 74 of 2008).

While the regulation of supervisory workloads especially in the Ministry of Religion of East Lombok Regency and generally within the Ministry of Religion of the Republic of Indonesia is based on the area of the sub-district and the number of madrasahs because of the status of supervisors. Based on that, in the Masbagik sub-district with the number of Madrasah Tsanawiyah (MTs) and Madrasah Aliyah (MA) as many as 28 (twenty eight) madrasahs and the number of teachers 493 (four hundred ninety-three) people were supervised by a supervisor. This of course makes the supervisory workload very heavy.

Aside from the supervisory factor, the obstacle of implementing clinical support is the teacher himself. Most teachers are still awkward in expressing their difficulties to supervisors. Weaknesses and shortcomings experienced are still considered something taboo to disclose. This causes supervisors to be less aware of the difficulties experienced by the teacher. So the openness factor has not yet fully occurred between the teacher and the supervisor. This condition certainly becomes an obstacle in carrying out clinical supervision because it is contrary to the principle of clinical supervision which must be based on the principle of openness.

Based on the description above, the core problem can be drawn, namely the imbalance between the number of supervisors and the number of MTs and also between the number of supervisors and the number of MTs teachers. in the Ministry of Religion of East Lombok Regency and the need to improve

teacher pedagogical competence. For this reason, the authors are interested in examining more in depth the implementation of clinical supervision carried out by supervisors in improving the pedagogical competence of teachers in order to find solutions that can be taken in solving problems in supervision activities. In this case the authors conducted a study entitled "Implementation of Supervision Clinical Supervision in Improving Teachers Pedagogical Competence of Madrasah Tsanawiyah (MTs) in Masbagik District.

Method

This study uses a qualitative approach supported by a quantitative approach to get a general picture of the implementation of clinical supervision. Moleong (2013: 6) explains that qualitative research is research that intends to understand the phenomena about what is experienced by the research subject, for example behavior, perception, motivation, actions and others, holistically and by means of descriptions in the form of words and language, in a special natural context.

The location of this study was conducted in two Madrasah Tsanawiyah (MTs) in Masbagik sub-district, namely MTs Al-Ijtihad Danger and MTs Al Khaer Ambung Masbagik Timur. The type of data collected in this study is divided into 2 (two), namely primary data and secondary data. 1) Primary Data, is oral information obtained from research subjects, namely madrasah supervisors through interview techniques using interview lists about conducting clinical supervision. 2) Secondary Data, in terms of obtaining secondary data, the researcher conducted a documentation study on the implementation of the supervisor's clinical supervision in improving the pedagogical competence of Madrasah Tsanawiyah teachers in Masbagik District. This secondary data source comes from non-human data sources (not people), among others in the form of SK supervisory tasks, supervisory programs, supervision programs and schedules, results of supervision, supervision reports, teacher performance appraisal, and other supporting documents.

Research informants obtained by Snowball sampling and purposive sampling techniques. Purposive sampling is a data source sampling technique with certain considerations (Sugiyono, 2017: 218-219). Whereas Snowball sampling is a data source sampling technique which was initially small in number, gradually became large. Ahmadi (2016) states that Snowball sampling technique is one of the sampling techniques used in addition to obtaining detailed information or data, it can also obtain a number of research informants.

Data collection techniques in this study are using interviews, observation and documentation. 1) Interview, a data collection technique through question and answer with research subjects and informants. In this case the acting interviewer is the researcher by conducting himself and the interviewees are research subjects (supervisors) and research informants (madrasa head, madrasa deputy head, teacher and other officials who are authorized about supervision). In this study an in-depth interview was developed, meaning that it was not limited to one direction, but was explored with questions from the initial information provided by the informant. During the interview the researcher used interview guidelines that were prepared in accordance with the research problem, which was related to the implementation of the supervisor's clinical supervision which included, planning, implementing, evaluating and following up. 2) Observation, a data collection technique by observing phenomena that occur in the field. Satori and Komariah (2013: 105), that observation is an observation of an object that is examined directly or indirectly to obtain data that must be collected in research. 3) Documentation Study, is taking data obtained through a record of past events through documents and photos of activities. Document studies are carried out to complement the data obtained through observation and interviews. The documents in this study are to complement the data so that it becomes stronger. Moleong (2012: 217) states, that documents in research can be used as a source of data that can be used to test, interpret and even predict a

data. The document as a source of data will serve as an indicator of the results of the level of commitment of the subjects studied and as information relating to the focus of the study.

Data analysis in qualitative research is a process carried out from the beginning and throughout the research process. The core of data analysis consists of 3 (three) processes, namely: describing phenomena, classifying them and seeing how the concepts that emerge from one another are interrelated. The process of data analysis is done by organizing data, breaking it down into units, synthesizing, arranging into patterns, choosing what is important and making conclusions.

Result and Discussion

Based on the theoretical studies that have been done previously that, planning is very important in achieving the expected goals. Likewise, the implementation of clinical supervision. Without good planning, of course the expected goal of clinical supervision cannot be achieved, therefore the clinical supervision program must be made in a good plan so that it can run effectively and efficiently and can achieve the goals.

The results of this study indicate that the clinical supervision plan carried out by supervisors is a planning process that is technically carried out through several steps, namely: the preparation of an annual program, semester program and supervision schedule. From the observation of research documents, the annual program includes the identification of the results of the previous year's supervision as a reference in preparing the next annual program and a description of the supervision program which includes: monitoring programs, assessment programs and development programs. Specifically in the coaching program, supervisors are listed in terms of academic supervision aimed at improving the pedagogical and professional competence of teachers.

Whereas the semester program contains, among others: the objectives of managerial and academic supervisors. Specifically the objectives of academic supervision are described aspects of supervision which include: learning tools, implementation of learning and administration of assessment. In addition to the program, a supervisory schedule which includes managerial and academic supervision is also arranged. The academic supervision schedule includes a supervision schedule that includes supervision of learning administration, supervision of class visits (classroom observations) and administration of assessment.

In carrying out clinical supervision, supervisors carry out the stages which include: planning, implementation, evaluation, analysis and follow-up. Planning is based on an analysis of the previous semester's program with reference to the difficulties experienced by the teacher. In addition to written planning, supervisors also conduct program socialization to the teachers so that they can understand the planning that will be carried out. The next step is to provide a schedule for supervision both through verbal information through telecommunications and written media. The results of the study are in accordance with the views of Prasojo and Sudiyono (2011: 96) that planning in the function of education management is a very important part and becomes one of the functions in the first place. The results of this study indicate that clinical supervision planning is understood as a process of helping teachers improve their abilities in the learning process. After the program and supervision schedule are prepared, it will be socialized to all teachers.

Subsequent research results obtained in relation to the supervisor's clinical supervision planning, also empowered senior teachers and madrasa principals. The supervisor together with the madrasa head and deputy madrasa head of curriculum affairs develop a schedule for supervision to be carried out. The schedule arranged involves the schedule of the ritual, then followed by making a schedule for the teacher.

This is done so that clinical supervision can be carried out optimally given the relatively large burden of supervisory duties. From this phenomenon it is clear that there is very good collaboration between supervisors and principals in conducting clinical supervision.

This is the collaboration between the supervisor and the madrasa head in terms of clinical supervision planning. Through the assistance of madrasa principals, supervisors intensively communicate with madrasa principals in terms of socialization of supervisory programs both managerial and academic oversight. Specifically in academic oversight, supervisors conduct clinical supervision with the aim of helping teachers in overcoming difficulties in learning. Before carrying out supervision, supervisors always confirm with the headmaster of the madrasa about the readiness of the teacher to be supervised whether it is mental or psychological readiness or financial readiness which includes facilities that will support the implementation of clinical supervision.

The results of this study are also in line with the opinion of Riyadi (2016), that the procedure in clinical supervision starts with planning. There are several things that need to be planned, namely: (a) an initial meeting between the supervisor and the subject teacher; (b) determining the initial meeting material (c) observing the learning process and determining the measurement tools used to measure the perfection of the lesson plan and success in the learning process; and (d) feedback meetings and feedback materials.

The results of the above study illustrate that supervisors really plan very well for clinical supervision to be carried out so that the implementation does not deviate from what they want to achieve. In supervision planning, supervisors always involve the madrasah head and the madrasah deputy head of curriculum affairs to develop the program they want to carry out. Supervisors first propose a clinical supervision program, then discuss with the madrasa head to determine the time, material and supervision techniques used. The agreed plan is then disseminated to the teacher council so that the teacher is ready for clinical supervision. The clinical supervision that is carried out is inseparable from the principles of supervision that prioritizes problem solving in a family way so that the teacher feels comfortable to live it because the supervisor (supervisor) acts as a discussion partner in a family atmosphere..

Clinical supervision program planning is very important because with good planning, it can provide a clear picture to achieve goals and make it easier to measure achievement. Clinical supervision planning is related to the readiness of supervisors to conduct clinical supervision of teachers who will be supervised. Before making a plan, the supervisor analyzes the results of the previous supervision, then coordinates with the madrasa head about the readiness of the teacher to be supervised and then determines the supervision schedule. Thus the supervisor as a person who is given the task to carry out supervision in improving pedagogical competence the teacher must be able to understand and carry out these management functions in order to achieve the objectives of supervision in terms of supervision well.

Based on a theoretical study that in its implementation, clinical supervision includes three stages, namely: initial meeting, observation and feedback meeting. It is generally stated, that the implementation of supervision is a set of knowledge, attitudes and skills that must be possessed in carrying out supervision activities, namely providing assistance in the form of guidance and coaching to ensure the improvement of teacher competence in this case teacher pedagogical competence.

The results found that, in the implementation of clinical supervision supervisors delegated to the madrasa head, madrasah deputy head of curriculum affairs and senior teachers to supervise the teachers both in the activities of initial meetings, observations and feedback meetings. The initial meeting is the first stage in clinical supervision before conducting classroom observations. This stage is a very important stage in clinical supervision, because at this stage it is to develop a framework of classroom observations that will be carried out jointly between supervisors and teachers. Some of the things done at the initial meeting include the preparation of supervision, namely: together the teacher prepares and analyzes the syllabus and lesson plans, arranges aspects to be supervised and agrees on the supervision schedule.

The results of research observations and interviews found that, prior to observation the supervisor first examined the learning kit which included the syllabus and lesson plans prepared by the teacher and discussed them if there were things that were not quite right. In addition, the supervisor gives an explanation to the teacher aspects that will be supervised which are listed on the clinical supervision instrument. The final step is to arrange a supervision schedule based on an agreement between the teacher and the supervisor.

The results of the study are consistent with the views of Prasojo and Sudiyono (2011: 113) that the activities carried out at the initial meeting include: (a) deciding the focus of observation; (b) determine the method and form of observation; and (c) set the observation time. Based on the results of the research, the teacher considers that this initial meeting stage is very helpful for the teacher in preparing himself while doing learning in the classroom. Through this initial meeting the teacher can prepare a learning plan well, know the effects that will be observed and know the time or schedule for clinical supervision. Thus the teacher feels truly ready to be supervised.

In addition, the results of the study found that in this initial meeting also given confidence to the headmaster and senior teachers in terms of examining the learning tools compiled by the teacher and determining the schedule for clinical supervision. The madrasa head routinely communicates with the supervisor about the planning of clinical supervision, so that undesirable things do not occur that could hinder the implementation of the supervision.

The results also found that at the beginning of each semester and academic year, supervisors carried out clinical supervision that began with administrative examinations or learning tools, especially syllabus and lesson plans because it was very supportive of learning activities in the classroom. If there are teachers who have not yet developed a learning kit, then special training will be conducted. This guidance is also entrusted to the madrasa headmaster on a regular basis, so that the teacher feels motivated to arrange the administration of learning. The involvement of madrasah principals and senior teachers in the implementation of clinical supervision can also be demonstrated by the existence of documents covering the schedule, supervision instruments and the results of supervision by the madrasa head. This is in line with the opinion of Makawimbang (2013: 57), that the principal in this case the madrasa as a supervisor is tasked with providing guidance, assistance and supervision as well as assessing issues relating to the technical organizers and development of education, teaching in the form of improving teaching programs and teaching activities to be able to create better teaching situations.

In addition, the results of the documentation study obtained data from the supervisor's clinical supervision in terms of the assessment of the device or administration of learning. This shows that supervisors always check and assess learning tools compiled by the teacher, then analyzed in order to improve in order to obtain proper administration. The assessment of RPP is carried out specifically in order to obtain RPP that reflects effective and efficient learning so that learning objectives can be achieved. In addition, the results of research observations found that, supervisors in the initial clinical supervision meeting provided an explanation of the preparation of learning which included the administration of learning, namely the syllabus and lesson plans so that in their implementation no undesirable things occurred. The results of this study are also in line with Lubis's (2014) view, that at the planning stage (initial meeting) the availability of klnis is carried out the following things: (1) identifying aspects that need to be improved; (2) preparing material; (3) prepare the instrument sheet and; (4) agreed to an employment contract with the teacher.

From the explanation above, it can be stated that the initial meeting is always carried out by supervisors with various techniques. The technique used is to directly provide an explanation or guide the teacher in preparing the administration of learning, especially in preparing the syllabus and Learning Program Plan (RPP), explaining aspects to be assessed and agreeing on the time of supervision in accordance with the readiness of the teacher to be supervised. In addition, the initial meeting activities

were also entrusted to the headmaster of the madrasa to examine the administration of learning prepared by the teacher and at the same time provide input if there were things that were not quite right in their preparation. Besides involving the headmaster of the madrasa, supervisors also empower senior teachers to guide the teacher in preparing learning preparation. After learning preparation is considered good, then contact the supervisor to be held the next step is observation.

As stated in the theoretical study chapter, the second stage in the clinical supervision process is the systematic and objective observation phase of teaching. Attention to the observation is directed at the teacher acting and class activities as a result of the teacher's actions. There are two main aspects that must be decided and implemented by the supervisor before and during the observation of learning, namely: finding aspects to be observed and how to observe them.

This stage is a very important stage in clinical supervision, because at this stage the supervisor observes all the teacher's activities when teaching in the classroom systematically and objectively. The observations will be recorded in detail so as to obtain complete and accurate data. Furthermore, the results of observation are analyzed together with the teacher as a reference to determine the solution of weaknesses or weaknesses in learning activities for improvement in further learning. This is in line with the view of Lubis (2014), that at the observation stage, the researcher observes the teacher with an objectively agreed instrument sheet, recording and documenting.

Supervisors should be teacher partners who should be able to please the teacher, if this is not the case, then the teacher will be reluctant towards supervisors. The intended partnership is between the teacher and the supervisor must communicate with each other so that the supervisor can find out the problems faced by the teacher. In principle, through this clinical supervision the relationship of the teacher and supervisor is a colleague who at any time can exchange ideas if there are things that need to be discussed to find a way to solve them. In this clinical supervision the supervisor plays the role of a partner who is always ready to help the difficulties of the teacher in a friendly, open and full of family atmosphere so that the teacher does not feel reluctant towards the supervisor.

The results of this study are also in line with the views of Prasajo and Sudiyono (2015: 113) that, at the observation stage activities are carried out, namely: (a) selecting an observation tool; (b) carrying out observations; (c) verify the results of observations with the teacher at the next meeting; (d) analyze the verification data and interpret it; and (e) choosing an interpersonal approach after the next meeting. Thus through this observation activity, the teacher will find out the learning outcomes that have been carried out in the classroom to further be discussed with the supervisor. At the discussion stage an analysis and verification of the observations are made as a reference to determine solutions to the problems faced by the teacher and as improvements in further learning.

The feedback meeting is the third stage in clinical supervision. The purpose of this feedback meeting is to follow up the findings of the observation activity. Feedback meetings are an important stage in developing teacher behavior by providing analysis of observational results to help teachers find deficiencies experienced to jointly determine how to overcome them. As expressed by Lubis (2014), that at the reflection stage or feedback meeting, the supervisor gives feedback, namely: (a) processing the result data.

teacher observation; (b) reviewing the steps in implementing the action and applying clinical supervision techniques; (c) identify the obstacles faced by the teacher. This feedback must be descriptive, specific, concrete, motivating, actual and accurate so that it is truly beneficial for the teacher.

The results of research observations related to feedback researchers found that supervisors always give feedback to the teacher after making classroom observations. This feedback is given either verbally by explaining to the teacher about the results of observations based on the agreed observation format or

instrument or writing in the form of notes written in the follow-up column on the supervision instrument sheet. Besides these techniques, feedback is also done based on the type of teacher difficulty, if the difficulties of the teacher are the same, it is done in groups and if different, it is done individually. The teacher is very helped by this feedback because he can find out the weaknesses he has.

The results of this study are in line with the view of Sudjana (2011: 124), that at the feedback stage the following activities are carried out: (a) analyzing the results of observations with the teacher; (b) analyzing the teacher's teaching behavior; and (c) together determine the aspects that must be done to help the next development of teaching. In addition, at this feedback meeting the supervisor also needs to ask questions about the teacher's impression of the teaching and his feelings after analyzing skills and attention. As revealed by Makawimbang (2013: 42), that in feedback meetings supervisors ask the teacher how the teacher feels in general or his impression of the teaching that is done, then the supervisor gives reinforcement.

In its implementation the feedback meeting technique is carried out individually and in groups depending on the problem at hand. Personal techniques are used if the problems faced by the teacher are specific or specific, so that they need specific ways of solving them. While the group technique is used if there are problems that commonly occur with teachers and the way to solve them is of course the same so that they can be solved in groups.

From the description above it can be said that, the stage of clinical supervision carried out by the supervisor consists of three things namely, first: at the initial meeting the supervisor checks the learning tools, especially RPP and syllabus, analyzes the syllabus and RPP, determines the effects to be assessed and agrees to the clinical supervision schedule. Second: supervisors conduct classroom observations, observe all activities of teachers and students in learning and record the results of observations honestly and objectively. Third: supervisors feedback the results of observations by explaining the deficiencies that occur, and together with the teacher analyzes the observations and then determines how to solve these deficiencies.

Based on previous theoretical studies, evaluation is an activity to determine the level of success or achievement of the objectives of a program that is given as an activity carried out based on planning and appropriate data collection activities as material for decision makers to determine follow-up. The evaluation program is carried out with regard to the process of activities to determine the value of something so that the level of success of supervision is known. Evaluation of the implementation of clinical supervision is done by examining all the processes that occur during the implementation of clinical supervision, which examines all the shortcomings that still exist and vice versa also see what has gone well.

From the results of the study found that supervisors always conduct evaluations after the implementation of supervision, which includes: evaluating themselves supervisors in carrying out clinical supervision, evaluating teacher behavior in managing learning, and evaluating material that is subject to clinical supervision. Evaluation of teacher behavior is done by analyzing the results of supervision so that it knows the level of success. All teacher activities both in planning and implementing learning were observed then analyzed their strengths and strengths.

The results of the study are in line with Paulson's opinion (Mahmudi, 2011: 114), interpreting evaluation as a process for examining a program based on certain value standards with the aim of making the right decision. Evaluation activities on the achievement of the results of teacher supervision by supervisors are also listed in their supervisory reports. Every semester supervisors make a report on the results of supervision or supervision which includes managerial and academic supervision. Specifically for academic supervision of clinical methods, the names of the supervised teachers and their grades are listed. From the supervision value, the achievement criteria can be classified. In this case there are four

criteria for the results of supervision, namely: less, enough, good and very good. Then the number of supervised teachers is calculated again the percentage of teachers in each criterion so that it can know the percentage of success from the implementation of clinical supervision.

Evaluation of teachers is very important to know the level of ability possessed by each teacher. The ability that is assessed in this case is its ability in managing learning, starting from the planning, implementation and assessment known as teacher pedagogical competence. With this evaluation the teacher knows the change or improvement in his ability and can develop his competence as an educator to carry out his task of educating students in school or madrasa. To find out whether there has been an increase in teacher training can be seen with several instruments of basic teacher teaching skills: instruments to ask questions, explain, provide reinforcement, open and close lessons and instruments in classroom management by teachers. This is in line with the opinion of Yusra (2014), that the teaching activities of teachers in the classroom are observed by researchers and supervisors and provide an objective value on the sheet of instruments that have been prepared by researchers. Furthermore, after being given guidance and direction from researchers and supervisors are evaluated again in feedback, so the teacher can understand well the things that must be known and implemented by the teacher when teaching in the classroom.

In addition, supervisors also conduct an evaluation of themselves by asking for feedback or impressions from the teacher about the implementation of clinical supervision carried out by supervisors after the completion of supervision activities. The results of observations during the study, found supervisors always dialogue heart to heart with the teacher, asking for opinions and impressions during the implementation of supervision. Besides that, supervisors also ask for advice from teachers if there are things that are not quite right or not acceptable to improve the implementation of the next clinical supervision.

In addition, the results of the study obtained data from interviews with teachers that, almost all informants stated that they were very happy and satisfied with the implementation of clinical supervision by supervisors. Supervision carried out by supervisors is stated to be very pleasant and in accordance with expected teacher competencies. Much knowledge is gained, especially regarding management of learning or relating to teacher pedagogical competence. During the supervision process, it is carried out happily, comfortably and without feeling reluctant or afraid.

While the evaluation of clinical supervision material is carried out by the supervisor by examining aspects of teacher competency that are subjected to clinical supervision. After being observed and observed for a relatively long time, supervisors found that not all aspects of pedagogical competence can be applied optimally. Most teachers have not been able to apply learning methods, models and media well and do not reflect student-centered learning. Based on this phenomenon requires an effort to improve it. Based on the results of the interview it is clear that clinical supervision material is considered appropriate to be implemented to improve the ability of teachers in implementing learning. The aspects of teacher pedagogical competence are more detailed included in the supervision instruments prepared by the supervisor together with the teachers. Thus the teacher can clearly know aspects of teaching skills that will be observed so that they can prepare themselves in carrying out their tasks in learning.

The supervisor's clinical supervision material, also received a very positive response from the teachers. They feel the material is very appropriate and appropriate to be learned and developed in learning activities, because teaching skills are very important to be known, understood and applied by the teacher. Without having skills in implementing learning, learning activities will not be interesting and fun. Students will not be enthusiastic in learning if the teacher uses only one method that makes students bored. If that happens then the learning objectives will not be achieved. That is the reason why the teacher's pedagogical competence needs to be improved through this clinical supervision, and the teacher really needs it.

Furthermore, the interview results of researchers with research subjects stated that there are still many teachers not yet optimally using media in learning. Most teachers teach in a conventional style that is dominated by lectures without the aid of learning tools and media. This is certainly a very sad phenomenon and shows that teacher creativity is still very low. If this happens continuously, the learning process expressed by the 2013 curriculum will never be achieved.

Based on the data above, it can be concluded that the clinical supervision material is considered to be very suitable for the needs of the teachers. The teacher's pedagogical competence is one of the abilities that needs attention from the supervisor especially in relation to his supervisory duties as a supervisor. Teacher pedagogical competency improvement can be developed through the task of professional teacher guidance and training through clinical supervision.

Based on the data above, it can be concluded that the clinical supervision material is considered to be very suitable for the needs of the teachers. The teacher's pedagogical competence is one of the abilities that needs attention from the supervisor especially in relation to his supervisory duties as a supervisor. As revealed by Agung (2014: 39), that pedagogical competence is the ability to understand students in depth and the organization of learning that educates. Understanding of student participation includes an understanding of the psychology of child development, while learning that educates includes the ability to design learning, implement (implement) learning plans, assess the learning process and outcomes and make continuous improvements. The competency component is clear and detailed described in the aspects of supervision listed in the clinical supervision instrument.

Based on the study of previous theories that the analysis is the activity of decomposition of a subject on the various parts themselves, as well as the relationships between the parts to obtain a proper understanding and understanding of the overall meaning. In this case, the analysis carried out is the activity of describing all the events or events during the clinical supervision process to take place to find out the real results. After carrying out clinical supervision in the period of one semester as well as the annual period of supervisors conduct an analysis of all processes that occur.

The results of the analysis serve as a guide in carrying out follow-up to overcome problems that occur. Considering the large number of teachers supervised, in carrying out the follow-up activities the implementation of the clinical supervision of the supervisor is done by delegating to the headmaster of madrasas and senior teachers. The headmaster is encouraged to continue to carry out clinical supervision and also form a supervision team of senior teachers. Thus it is hoped that all teachers have the opportunity to be supervised.

Madrasah principals and senior teachers are always encouraged to conduct supervision, because that is also one of the duties and functions of madrasa principals. The results of the study showed that supervisors in carrying out supervision did not work alone, but involved madrasah heads and senior teachers in order to improve teacher pedagogical competence. Supervisors always coordinate and discuss with the headmaster in preparing all matters related to the implementation of supervision. This is done considering that many teachers will be supervised clinically by supervisors. With the involvement of madrasah principals and senior teachers, it is hoped that the implementation of clinical supervision will be more effective and efficient in achieving the desired goals and objectives during the time determined.

To follow up the shortcomings in the implementation of clinical supervision is also carried out with the help of the head of the supervisory group (Pokjawas) of the Ministry of Religion in East Lombok regency in terms of organizing the implementation of clinical supervision. In this case the action taken by the chairman of the pokjawas is to form a pokjawas supervision team which is grouped according to the supervisor's working area. Each team consists of five or six supervisors who will visit the madrasa which will be supervised according to a predetermined schedule. With this technique, every teacher in the madrasa gets the chance to be supervised.

As for the follow-up on the teacher's behavior or the results of clinical supervision and supervision material is done by forming a discussion forum through the subject teacher deliberations (MGMP). The MGMP discusses the difficulties or weaknesses experienced by the teacher and is carried out by forming discussion groups for each subject. Technical implementation of the MGMP is based on the type of teacher difficulty that is more dominant. So far, the material discussed in the MGMP includes the preparation of teacher workbooks, especially the preparation of syllabi and lesson plans. Besides that it is also about the analysis of core competencies and basic competencies.

The discussion forum in the MGMP is very helpful for teachers in solving their difficulties. Through these MGMP activities teachers can exchange ideas to resolve the shortcomings experienced. Based on the analysis of the results of clinical supervision, the difficulties experienced by teachers are more dominant in the preparation of the RPP, especially in arranging indicators, determining learning methods and models and choosing learning media. Besides that, what is also felt difficult for the teacher is in terms of compiling and determining assessment techniques. These difficulties will later become material that will be discussed in MGMP activities. This is in line with Guntoro's view, (2016: 125) states that at the follow-up stage, the school supervisor / madrasa gives positive feedback with the target teacher then discusses various problems, difficulties, and provides solutions related to the problems faced by the teacher.

Teacher Deliberation Subjects (MGMP) are formed at the sub-district level as well as permadrasah to better ensure the effectiveness of the mentoring process for teachers. Periodically the supervisor also conducts workshops in order to improve and overcome the difficulties of teachers in managing learning. The results of this study are in line with the view of Dalimunthe (2008: 105), that follow-up activities include: (a) discussing and making joint solutions; (b) notifying the results of conducting class visits; and (c) communicating to the teacher. In addition, the follow-up phase can also be carried out with coaching activities through a work shop or MGMP and strengthening supervision instruments.

Clinical supervision has a very noble aim: helping, supporting and serving the learning system so that it can develop in a positive direction and have good quality values. But there are some obstacles and difficulties in its implementation. Constraints that occur can be internal teachers and supervisors. Teacher internal barriers include: the teacher cannot keep up with the prescribed clinical supervision schedule so that he is unable to enter for certain reasons and the teacher feels that he is not ready to be supervised. If the teacher is not ready to be supervised, then supervision should wait for the teacher's readiness, as stated by Makawimbang (2013: 75) that, supervision in clinical supervision, teachers and supervisors are partners / colleagues so that it should not be done unilaterally and suddenly causing teachers to feel threatened. Meanwhile, from the internal supervisor, often collided with other activities so that the supervisor could not attend to meet the supervision schedule.

In addition to internal constraints, the results of the study also found constraints that are external, such as infrastructure facilities that do not support supervision. From the results of research observations, found the availability of infrastructure is still relatively low, such as the availability of tools and learning media. Besides that, the completeness of the room is also still lacking, most madrassas do not have laboratories, library rooms, and multi-media spaces so the learning process is still not optimal.

Besides that, another obstacle that is strongly felt is the imbalance between the number of supervisors and the number of teachers. From the results of research documentation, it was found that the ratio of supervisors to teachers was still very high. On average, a supervisor supervises and guides 337 (three hundred thirty-seven) teachers. This comparison is classified as very high, if it refers to the applicable rules. Of course this becomes a very significant obstacle in the implementation of clinical supervision by supervisors. To overcome these obstacles, the chairman of the Pokjawas formed a supervisory supervision team.

These obstacles are of course the subject of concern from authorized officials in the matter of recruiting supervisors. For this reason the head of the East Lombok Regency Ministry of Religion conducts the recruitment of supervisors every year. For the recruitment process the head of the Ministry of Religion refers to the mapping analysis of supervisors prepared by the Chairperson of the Pokjawas. The results of the study found that the chairman of the pokjawas always did the mapping and analysis of the number of supervisors, based on the level of education in place of supervision and based on their qualifications.

However, the recruitment of supervisors is inseparable from constraints. From the results of the study found obstacles that were quite inhibiting were the supervisory recruitment mechanism which included selection, education and training. From this mechanism, the obstacle is at the education and training (Diklat) stage. At that stage the quota of supervisors who will undergo education and training is still limited. Overcoming the shortage of supervisors has been targeted by the head of the East Lombok Regency Ministry of Religion to be completed in 2025. Efforts are taken to photograph the condition of madrasas and teachers in East Lombok in terms of their eligibility to be recruited as supervisors. Eligibility of prospective supervisors in terms of age, years of service and academic qualifications possessed.

Constraints in supervision, especially in the implementation of clinical supervision of supervisors, aside from overcoming recruitment of supervisors, there is also an increase in supervisory qualifications through various activities, some of which are suadaya through improving education to a higher level, namely masters (S2) and some are informal coaching routinely through events, for example at supervisory meetings and morning meetings at the office. Special formal training through education and training is still carried out by sending supervisors to follow training or technical guidance both at the provincial and national levels. However, supervisory training and technical guidance in the East Lombok regency cannot be implemented because of budget constraints because the budget for the implementation of supervisory training is only in the provincial and central DIPA so that the training can only be held at the provincial and central levels.

Based on the explanation above, it can be concluded that there are still many obstacles of supervisors in carrying out clinical supervision. Constraints that occur can be internal and external. Constraints that often occur are external or external constraints of the supervisor and teacher. External constraints that also affect the implementation of academic supervision of clinical methods are related to the system that applies in the ministry of religion because the supervisors are madrasa supervisors or supervisors of education units whose task is to oversee all eight components of the national education standards.

Besides that, another obstacle is the absence of a budget at the DIPA of the district ministry of religion to provide education and training or technical guidance to improve supervisors' competencies. For this reason education and training can only be carried out at the provincial and central levels with a limited number of participants. Likewise, the government budget for continuing formal education to a higher level, namely a master's degree (S2) for supervisors, also does not yet exist.

Based on the explanation above, it can be said that there are still many supervisory obstacles in carrying out clinical supervision. These constraints are internal and external. Constraints that often occur are external or external constraints of the supervisor and teacher. External constraints that also affect the implementation of academic supervision of clinical methods are related to the system that applies in the ministry of religion because the supervisors are madrasa supervisors or supervisors of education units whose task is to oversee all eight components of the national education standards.

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Conclusion

Based on the description of the discussion, it can be concluded that: 1) In the implementation of clinical supervision includes the stages: planning, implementation, evaluation, analysis and follow-up. Each stage of clinical supervision is carried out by collaborating with the headmaster of madrasahs, deputy headmaster of curriculum affairs and senior teachers who collaborate on the supervision team. Supervision planning is designed by arranging the supervision program and socializing it to the madrasah so that all teachers know it. In the implementation phase includes: initial meetings, observations and feedback meetings are one cycle that can not be separated and is the responsibility of the supervision team. MGMP and work shop are solutions that are taken as a follow up from clinical supervisi which is a discussion forum to discuss the lack of teacher performance. 2) The initial meeting of clinical supervision is done by first establishing familiarity with the teacher so that it does not seem daunting, then examining the syllabus and lesson plans, agreeing on aspects that will be supervised in the supervision instrument and setting the supervision schedule. At the observation stage, observe and record all activities of teachers and students in the class as a reference in feedback meetings. Feedback is carried out in feedback meetings to assist teachers in solving problems experienced while doing learning in class. 3) Internal constraints that are sufficiently hampering the implementation of clinical supervision are those of the supervisor himself because he is hampered by the many activities and workloads of supervisors. To overcome this obstacle, the office of the Ministry of Religion in East Lombok regency is still trying to overcome the discrepancy in the number of supervisors through the recruitment of prospective supervisors annually based on an analysis of supervisor needs made by the chairperson of the Pokjawas. While the efforts of the Chairperson of the Pokjawas are to form a supervisory supervision team that will be tasked with conducting clinical supervision so that all teachers have the opportunity to be supervised.

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