



The Influence of Clinical Supervision on the Instructional Competence of Secondary School Teachers

Amelie T. Bello^{1*} and John H. Olaer²

¹Students' Services, Davao del Sur State College, Digos City, Davao del Sur.
²Digos City National High School, Digos City, Davao del Sur City, Davao del Sur.

Authors' contributions

This work was carried out in collaboration between both authors. Author ATB performed the data analysis, wrote the protocol reviewed and managed the related literature relevant to the study and served as the editor of the entire article. Author JHO designed the proposal and facilitated the conduct of the study. Both authors read and approved the final manuscript.

Article Information

DOI: 10.9734/AJESS/2020/V12i330314

Editor(s):

(1) Dr. Nasser Mustapha, University of the West Indies, Trinidad.

Reviewers:

(1) Karina Giulliana Conto Escobar, Universidad Peruana de Ciencias Aplicadas, Peru.

(2) Eliane Cristina da Silva Pinto Carneiro, Brazil.

Complete Peer review History: <http://www.sdiarticle4.com/review-history/62022>

Original Research Article

Received 11 August 2020
Accepted 17 October 2020
Published 14 November 2020

ABSTRACT

Aims: To determine the influence of clinical supervision of department heads on the instructional competence of secondary school teachers.

Study Design: Descriptive-correlational research design.

Place and Duration of Study: Digos City National High School during the School Year 2018-2019.

Methodology: Respondents were the eight (8) school heads and one hundred seventy eight (178) teachers who were permanently employed at Digos City National High School during the School Year 2018-2019. Complete enumeration was used in the identification of department heads while simple random sampling for the teacher respondents. Mean, Pearson r and Multiple Regression were the statistical tools used to treat the gathered data.

Results: The department heads had a high level of clinical supervision in terms of pre-observation, observation/analysis and strategy post-observation conference/analysis. Similarly, teachers had a high level of instructional competence of teachers. This result signified a very strong positive relationship between the two variables which indicated that about 75.80% on the variance of

*Corresponding author: Email: amelie.bello@dssc.edu.ph;

instructional competence can be attributed by the variation of the level of clinical observation. Regression analysis further entailed that clinical supervision significantly influenced the instructional competence of teachers.

Conclusion: The significant influence of clinical supervision on teachers' instructional competence implies that the more teachers are mentored, the better teachers they would become. Thus, it was recommended clinical supervision in schools shall be constantly monitored and implemented so as to improve competence of teachers in the teaching learning process.

Keywords: Clinical supervision; instructional competence secondary school teachers; digoscity national high school.

1. INTRODUCTION

The ultimate aspiration of any educational arena revolves around teaching and learning. All endeavours of schools around the world are directed towards the attainment of effective teaching and learning. Research studies which have been conducted in the recent years focus on the identification of what constitutes effective teaching and how to recognize its characteristics. Setting clear goals for the class, holding high expectation of students, focusing on the academics, maintaining an orderly classroom, using suitable material for instructions, and monitoring student performance [1] are indeed some correct practices that are geared towards what makes a difference in student achievement.

Effective teaching leads to effective learning. Teachers can be effective when they possess instructional competence. A competent teacher is flexible, possesses skills and abilities, and can effectively and efficiently apply his potentials in according to the demands of his job. Moreover [2], a competent teacher effectively and efficiently carries out teaching tasks using his attitudes and skills that have developed over time.

In order to ensure that teachers can provide proper and better learning environment, school administrators should exert effort in supervising his teachers and make certain that they are committed in performing their works in order to develop a positive, permanent and favourable transformation among their learners. Thus, clinical supervision [3] is the most modern and appropriate method of supervision that focuses on the enhancement of teachers' instructional competence., as a practice of directing and stimulating progress, has an overall contribution on improving teaching and learning.

Like any other countries in the world, Philippines also sets standard on how the school heads

response to various leadership accountabilities. Republic Act 9155 defines the roles and functions of the school heads, which include instructional leadership. The mandate of the law is to ensure that instruction must be given weight. Its Implementing Rules and Regulations stipulated that school heads must implement, monitor and assess the school curriculum and being accountable for higher learning outcomes. Massive capability buildings on clinical supervision were given to school heads Region XI to ensure the acquisition of mentoring skills among them. They were capacitated to develop their instructional supervisory skills so that in return they can properly implement clinical supervision so as to help improve teachers' instructional competence.

It has been more than six years that the clinical supervision was practiced in schools. Since then, department heads in secondary schools performed instructional tasks such as lesson observation, orientation of new staff, monitoring punctuality and regularity, checking school records, and conducting in-service training in order to ensure effective instructional performance of teachers, improvement in pupils' academic performance, and generally, the achievement of school and educational goals. However, it is not clear whether these supervisory practices had helped in improving teachers' performance. Hence, this study was conducted was to investigate the influence of clinical supervision on the instructional competence of secondary school teachers of Digos City National High School during School Year 2018 – 2019. Specifically, this study aimed to:

1. Determine the level of clinical supervision;
2. Determine the level of instructional competence of teachers; and
3. Identify whether clinical supervision of department heads significantly influence the instructional competence of teachers.

1.1 Significance of the Study

This study was deemed significant to the Department of Education as basis in crafting more interventions that will be helpful in strengthening the professional skills of school heads based on the gaps between clinical supervision skills of school heads and instructional competence of teachers. Results of the study will also help the school administration in strengthening DepEd Order No. 35, s. 2016 on the Learning Action Cell as a K to 12 Basic Education Program School – Based Continuing Professional Development Strategy for the Improvement of Teaching and Learning. Moreover, with functional clinical supervision, this will serve as avenue for the teachers to openly receive feedback and establish a culture of mentoring.

1.2 Scope and Limitation

The study focused on the influence of clinical supervision conducted by department heads on the competence of teachers. Clinical supervision was delimited to the heads of the academic departments such as Math, English, Science, Social Studies, Filipino, TLE and MAPEH departments of Digos City National High School, Digos City Division. Moreover, only those teachers who had permanent positions were covered to represent the instructional competence of teachers.

1.3 Review of Related Literature

Clinical supervision is a formal process of professional support and learning that enables individual teachers to develop knowledge and competence, assumes responsibility for their own practice [4]. The idea of this process is to assist both the principal and the teacher to learn from his or her experience and progress in expertise, as well as to guarantee better service to the learners.

It was agreed [5] that teaching is a complex set of activities that requires careful analysis. Clinical supervision should be delivered by responsible and competent professionals who desire to offer help in a collegial way and to assist teachers to modify existing patterns of teaching.

Clinical observations are used by administrators for two distinctive purposes:

- (1) They are given for the purpose of Teacher Evaluation — making summative judgments about teacher performance

based on the state's legitimate right to ensure minimum competency;

- (2) Observations are utilized for Teacher Supervision — collecting data for the purpose of teacher growth.

Scholars have documented the significance of these two purposes for decades [6,7]. However, clinical observations should focus on teacher growth, not evaluation, when the faculty member being observed is a veteran teacher who has demonstrated satisfactory ratings consistently over time and whose growth is underserved with traditional evaluation models.

Contextualization of clinical supervision model [8] is put forward as measures to scaffold the supervision and teaching effectiveness by teachers. These include pre-observation conference, observation analysis/strategy, and post-observation conference/analysis.

The pre-observation conference is the first crucial stage of the clinical process and the most important element when approaching work with experienced teachers who have an expectation of professional growth. Pre-observation conference must emanate within the context of the teacher who will be observed and the logistics of the clinical process in order to facilitate development [9].

The second phase is the Observation/Analysis and Strategy where the principal purpose of classroom observation is to capture certainty of the lesson without bias and far adequate to enable supervisor and teacher to restructure the lesson as authentically as possible in order to analyze it [6]. Researchers recognize classroom observations as an important instrument to realize and appreciate classroom realities and attain high standards of effective teaching methodologies.

In the Analysis/Strategy stage, classroom data is analyzed and appropriate strategies are developed that will lead to an improvement in the instructional process. It is when the supervisor compiles, sorts, and organizes the data collected into a readable data for the teacher [6]. Supervisor reviews lessons in accordance to the teacher's intent and past experiences, the instructional techniques used, and the outcome. Determining what behavior a teacher can change required personal dynamics and knowledge of the areas of instruction. It is one thing to suggest that a teacher may need to adopt a new instructional strategy, but quite another to assess

whether the teacher has the competence and personal enthusiasm necessary to make it happen. The supervisor takes the observational data, goes through it and labels the cause and effect situations that have been recorded. The decisions/actions are separated into categories that were agreed in the pre-observation conference. Data from the observation provide a framework and content for the post-observation conference.

Post-observation conference, on the other hand, presents meeting where teacher and supervisor talk about the events of the classroom observations, target areas for improvement or enrichment, and develop an action plan for continuous improvement of performance. This conference should be conducted at least a day or more, but not more than a week, after the observation [10]. Supervisors' non-verbal behavior and communication style during post observation conferences are important in building teachers' trust [11]. Trust directs to self-revelation on the part of the teacher, which in turn leads to dialogue, reflection and feedbacking. Teachers who receive the most classroom feedback are also most satisfied with teaching. Post-conference analysis gives the administrator an opportunity to reflect and evaluate effectiveness of the teachers' performance on student learning [8].

A number of literature showed that clinical supervision is still needed in order to improve the teaching skills to meet quality of teaching [12,13,14]. About 75.0% of teachers concur that clinical supervision helps in increasing teaching performance [15]. This process motivates teachers to scrutinize and apply artistic pedagogy while they are interacting with their students [16]. Previous studies also confirmed that clinical supervision could help to increase teaching performance [17,18,16]. However, supervision practice using clinical approach is not satisfactory when the supervision has not been satisfactorily done by the supervisor [19].

2. MATERIALS AND METHODS

This study was conducted at Digos City National High School, Digos, Davao del Sur. Digos City is 55 kilometers from Davao City south bound to Davao del Sur. Digos City Division is composed of three (3) main High Schools namely Digos City National High School, Ruparan National High School, Kapatagan National High School and many annexes: Matti High School, Igpit High

School, Balabag High School, and Soong High School.

Respondents for the clinical supervision were the 178 secondary school teachers of different academic offices who were randomly selected through drawing of lots. Moreover, respondents for the instructional competence were the eight department heads of the academic units of the same high school and were selected using the complete enumeration technique.

A descriptive-correlational research design was employed in investigating the influence of clinical supervision of department heads on the instructional competence of secondary school teachers. Correlation is defined as the tendency for the corresponding observations in two or more series to vary together from the averages of their respective series. It indicates the tendency of two related variables to vary together. The descriptive method, on the other hand, was used in describing variables in order to significantly describe data with numerical indices. It is essentially a technique of quantitative description of the general characteristics of the group [20].

An adopted research instrument was used in gathering the data on the level of clinical supervision of school heads were gathered through an adopted survey questionnaire [21]. On the other hand, instructional competence was measured using the data on the result of Classroom Observation Tool (COT) of the Results-Based Performance Management System (RPMS) of the Department of Education as rated by the department head during School Year 2018-2019. Data gathered were analyzed and interpreted using the Mean and Multiple Regression Analysis.

3. RESULTS AND DISCUSSION

3.1 Level of Clinical Supervision of Department Heads

Table 2 reflects the data on the level of clinical supervision of department heads when analyzed in terms of Pre-Observation Conference, Observation/Analysis and Strategy and Post-Observation Conference and Analysis.

Pre-Observation Conference. Among the items, item 1 got the highest mean which signifies that department heads established connections and

rapport to the teacher mentee and made agreements to teachers as well on the observation standards and indicators before the start of observation in many occasions. On the other hand, the item with the lowest mean rating is item 5 with 3.25 described as *moderate*. This finding denotes that department heads formulated a questioning strategy for the teacher to enhance the lesson only in some occasions. In overall, the total mean of 3.93 was derived which means that the level of clinical supervision of department heads in terms of Pre-Observation Conference phase is *high*. Teachers observed that department heads practiced clinical

supervision in most occasions in the said phase. They were able help the teachers describe the upcoming lesson, including the purpose and the content, what the teacher will do, and what students are expected to do and learn. Thus, this result agreed that part of the pre-conference phase in clinical observation is establishment of rapport by giving the teacher the chance to talk through their lesson [22].

Observation, Analysis and Strategy. As shown, although all items are rated *high* but it is also noteworthy to mention that among the items, item 1 acquired the highest mean which

Table 1. Clinical supervision level of department heads

Pre-observation conference	Mean	SD	Descriptive equivalent
1. Create a common frame of reference for the planning of the observation and establishes rapport with the teacher.	4.36	0.48	High
2. Examine the lesson plan to be implemented during the observation	4.23	0.69	High
3. Discuss with the teacher specific topics such as: objectives, teaching strategies, specific learner characteristics that may impede the lesson and the method of evaluation to be used to measure the objectives	4.01	0.79	High
4. Examine critically the questioning to be used in the lesson and formulating a questioning strategy for the teacher to enhance the lesson	3.8	1.1	High
5. Formulate a questioning strategy for the teacher to enhance the lesson	3.25	1.15	Moderate
Total Mean	3.93	0.84	High
Observation/analysis and strategy	Mean	SD	Descriptive equivalent
1. Provide an objective record (STAR) to mirror what the teacher actually said and did during the instructional process	4.23	0.7	High
2. Do not interfere in the classroom activities	3.99	0.85	High
3. Jot down other instructional weaknesses of the teacher	4.06	1	High
4. Develop appropriate strategies that will lead to an improvement in the instructional process	4.07	0.89	High
5. Take the observational data, go through it and label the cause and effect situations that have been recorded.	3.66	1.09	High
Total Mean	4.00	0.91	High
Post-observation conference/analysis	Mean	SD	Descriptive equivalent
1. Provide feedback and guidance to the teacher to improve instruction	4.23	0.70	High
2. Provide authentication of teacher's instructional patterns	3.95	0.82	High
3. Offer techniques for self-improvement of the teacher	4.00	1.04	High
4. Make sufficient documentation for the successful completion of the post-conference	4.09	0.88	High
5. Request a district supervisor to determine the effectiveness of his/ her skills in clinical supervision.	3.51	1.15	High
Total	3.96	0.92	High
Overall	3.96	0.89	High

connotes that department heads performed well in the providing purposeful records of the teachers' performance during the observational phase which could be a factual basis in giving feedbacks for the improvement of their teaching competence. In addition, the total mean of 4.00 which is described as *high* is an evidence that department heads displayed clinical supervision skills during the Observation/Analysis and Strategy phase. Department heads were able to record events occurring during the lesson as accurately as possible, made some sense of the raw data and developed a plan for the conference; and helped clarify and built upon the teacher's understanding of the behaviors and events that occurred in the classroom [8].

Post-Observation Conference/Analysis. Among all items, item 1 obtained the highest mean (4.23). Department heads were able to provide feedback and guidance to teachers despite that evaluating and offering feedback to teachers is considered as one of the hardest jobs of a school head. Moreover, the total mean of 3.96 confirms that the level of clinical supervision of department heads in the post-observation is *high* which implies that they displayed post-observation conference/analysis in many occasions. They had successfully portrayed their role in providing honest feedback to the about how well the clinical supervision cycle went at the same time critically examined their own performance during the clinical supervision cycle. Effective instructional leaders need to be good communicators. They need to communicate essential beliefs regarding learning, such as the conviction that all children can learn [8]. Relative also to this finding, it was opined that post-observation conference is grounded in the classroom reality where learning occurs for both students and teachers. At its core, the post-observation conference presents forum where teacher and supervisor talk about the events of the classroom observations, targeting areas for improvement or enrichment, and developing an action plan for continuous improvement performance [23].

Overall Level of Clinical Supervision. Summing all the means of the three indicators, the overall mean of 3.96 is computed with a descriptive equivalent of *high*. This signifies that the department heads practiced clinical supervision in many occasions. This further connotes that department heads performed well in the execution of clinical supervision as mandated by their position as heads of their respective units.

3.2 Level of Instructional Competence of Secondary School Teachers

Presented in Table 2 is the level of instructional competence of secondary school teachers. Among the indicators, item 9 got the highest mean of 5.91 which is described as *high*. This means that in many occasions, teachers designed, selected, organized, and used diagnostic, formative and summative assessment strategies consistent with curriculum requirements. Furthermore, this result implicates that the teachers predominantly utilized assessment strategies which are embedded as an integral part of the lesson and are aligned with the intended instructional or consistent with the content standards. They also encouraged learners to assess and monitor the quality of their own work against the assessment criteria and performance standards that make active use of that information in their learning.

It can also be gleaned in the data that all items got *high* means which are described as high except for the item 3 which obtained a mean of 5.49 with verbal description of moderate. This means that teachers displayed high level of instructional competence however performed averagely in the application of range of teaching strategies to develop critical and creative thinking, as well as other higher-order thinking skills of students.

Encapsulating all items, the overall mean of 5.66 was attained which means that the level of instructional competence of teachers is *high*. This entails that competence of teachers in performing the teaching-related tasks is manifested and observed in many occasions. Moreover, this finding connotes that secondary school teachers participating in this study were highly competent, versatile in nature and possesses variety of knowledge, abilities, skills, techniques and can effectively apply them according to the required situations in their jobs.

3.3 Tests on the Influence of Clinical Supervision on Instructional Competence of Secondary School Teachers

Table 3 reflects the model summary on the influence of clinical supervision of department heads on the instructional competence of teachers. The data reveal the correlation coefficient or *r*-value of .871 which shows a very strong positive linear relationship between the

clinical supervision and instructional competence. Furthermore, the r^2 value of 0.758 denotes that about 75.80% of the variance of the instructional competence can be attributed by the variation of the level of clinical supervision. It also obtained the adjusted coefficient of determination of 0.757 denoting that about 75.70% of the variances in the instructional competence is explained by the level of the variances on the level of clinical supervision.

Moreover, regression result on the influence of clinical supervision on the instructional competence is found in Table 4. As reflected, it obtained F-value of 554.224 with p-value of 2.06E-56 which is lesser than 0.05 level of significance, which signifies a strong evidence to reject the null hypothesis. Thus, the level of clinical supervision of department heads significantly influenced the instructional competence of secondary school teachers. These results imply that high level of clinical supervision of department heads has a great effect on the high level of instructional competence of teachers. The more the teachers are mentored, the better teachers they would become.

The results corroborated to the contentions [14] that clinical supervision helped teachers in school to find out the shortcomings and advantages of their teaching performances in the

classroom. Clinical supervision also helped teachers to improve teaching and learning to be more effective to enhance students' understanding [17].

Table 5 shows the coefficient of the linear regression model using forward addition estimation method on the influence of clinical supervision on the instruction competence of teachers. Data reveal the unstandardized beta coefficient value of the 5.395 with 0.066 for the clinical observation. Thus, the regression equation model below was developed:

$$\text{Instructional Competence} = 5.395 + 0.066CO$$

The model shows that for each unit of change in the clinical observation there is a corresponding change of 0.066 in the instructional competence. For example, if the level of clinical supervision is 3 then the estimated level of instructional competence is 5.59 or approximately 6 which is high level of instructional competence. This means that as the level of clinical supervision is improved, the level of instructional competence will also improve.

This finding validates that clinical supervision practices has increased the teaching quality of teachers [4]. Literatures have also confirmed

Table 2. Instructional competence level of secondary school teachers

The Teacher	Mean	Verbal Description
1. Apply knowledge of content within and across curriculum teaching areas.	5.57	High
2. Use a range of teaching strategies that enhance learner achievement in literacy and numeracy skills.	5.55	High
3. Apply a range of teaching strategies to develop critical and creative thinking, as well as other higher-order thinking skills.	5.49	Moderate
4. Manage classroom structure to engage learners, individually or in groups, in meaningful exploration, discovery and hands-on activities within a range of physical learning.	5.54	High
5. Manage learner behavior constructively by applying positive and non-verbal. Discipline to ensure learning-focused environment.	5.74	High
6. Use differentiated, developmentally appropriate learning experiences to address learner's gender, needs, strengths, interests and experiences.	5.56	High
7. Plan, manage and implement developmentally sequenced teaching and Learning processes to meet curriculum requirements and varied teaching contexts.	5.73	High
8. Select, develop, organize and use appropriate teaching and learning resources including ICT, to address learning goals.	5.82	High
9. Design, select, organize and use diagnostic, formative and summative assessment strategies consistent with curriculum requirements.	5.91	High
Total Mean	5.66	High

Table 3. Model summary on the influence of clinical observation on the instructional competence

Model	R-value	r square	Adjusted r square	Std. Error of the Estimate
CO vs IC	0.871	0.758	0.757	0.19715

Table 4. Regression analysis on the influence of the clinical supervision and instructional competence

Model	Sum of Squares	Df	Mean Square	F	p-value	Decision
Regression	21.541	1	21.541	554.224	2.06E-56	Reject Ho
Residual	6.879	177	0.039			
Total	28.420	178				

Table 5. Coefficient of the linear regression model on the influence the clinical supervision on instructional competence

Model	Unstandardized Coefficients		Standardized Coefficients	t-value	p-value
	Beta	Std. Error	Beta		
(Constant)	5.395	0.177		30.529	4.59E-93
CO	0.066	0.044	0.113	1.511	2.06E-56

the effect of clinical supervision towards teaching performance of teachers and those findings claimed that clinical supervision is still needed because the teachers have not reached the level of being dynamic, knowledgeable and skillful [23,24]. Therefore, without guidance, teachers will not be able to improve teaching methods to be on par with the development of teaching quality [14].

4. CONCLUSION

Based on the findings of the study, it was concluded that the level of clinical supervision of department heads and instructional competence of teachers were both high. Moreover, clinical supervision significantly influenced the instructional competence of teachers. It can be concluded that the more the teachers are mentored, the better teachers they would become.

5. RECOMMENDATION

It was recommended that deped Officials shall routinely monitor the implementation clinical supervision in schools, and make the analysis results as a reference for development of education. Moreover, programs to improve instructional competence of teachers through professional educational trainings, seminars, and workshops shall also be prepared and implemented. These programs may be in accordance with the needs of teachers, on target

and in accordance with the expected goals. Also, teachers shall apply a range of teaching strategies to develop critical and creative thinking, as well as other higher-order thinking skills of students.

CONSENT AND ETHICAL APPROVAL

To address the research ethics, the researchers conducted protocols to handle the confidentiality of the participants' identity and the information gathered. Consent letters were given to the participants to seek for their permissions before the conduct of the surveys. Respondents were also informed of their rights such as the 'withdrawal' and 'confidentiality clause.' Survey papers were kept by the researchers for safe-keeping and would be destroyed after two years. The data obtained were used for research purposes only.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Oliva PF, Pawlas GE Supervision for today's schools. (7th ed.). USA, Wiley Publishing Inc.; 2004.
2. Varvel C. Pedagogical roles and competencies of university teachers

- practicing in the e-learning environment. 2013;14(3).
3. Caruso JJ, Fawcett MT. Supervision in Early Childhood Education a developmental perspective. New York: Teachers College Press; 2013.
 4. Capacio IO. Guide on clinical observation: preventive approach. Retrieved May 13, 2020 Available: <https://www.slideshare.net/lrnzpc934/clinical-supervision-handbook-by-dr-lorenzo-o-capacio>.
 5. Minnear-Peplinski RM. Principals' and preachers' perceptions of teacher supervision. Retrieved May 13, 2020 Available: <https://www.semanticscholar.org>.
 6. Nolan JF, Hoover, LA. Teacher supervision and evaluation: Theory into practice. New Jersey: John Wiley & Sons, Inc.; 2013.
 7. Kilbourn, B. Linda: A Case study in clinical supervision. Canadian Journal of Education. 2013;7:1-24.
 8. Goldhammer R, Anderson, RH, Krajewski, RJ. Clinical supervision: Special methods for the supervision of teachers. (3rd Ed.). Forth Worth: Harcourt Brace Jovanovich College Publishers; 2013.
 9. Murphy P. Retrieved June 30, 2020 Available: <http://nepalimo.com/ZLT/pdf/Teachers%20Growth%20-%20Murphy.pdf>
 10. Garman NB. Clinical supervision: Quackery or remedy for professional development. Journal of Curriculum & Supervision. 2006;1(2):148-157.
 11. Chamberlin CR. TESL degree candidates' perceptions of trust in supervisors. TESOL Quarterly. 2000;34(4):653-673.
 12. Baharom M. Persepsi guru-guru terhadap kepemimpinan pengajaran dalam celik computer di sekolah-sekolah negeri johor. Tesis Ijazah Doktor Falsafah. UKM; 2002.
 13. Radi Y. Amalan penyeliaan pengajaran terhadap guru- guru sains di sekolah menengah daerah Muar, Johor. Kertas Projek Sarjana Pendidikan (Pengurusan & Pentadbiran), UTM, Johor; 2007.
 14. Sullivan S, Glanz, J. Supervision that improves Teaching, Strategies and Techniques. California: Corwin Press, Inc.; 2000.
 15. Mohd ZA. Amalan pengetua sebagai pemimpin penyeliaan di sekolah dan kesannya kepada sikap guru-guru terhadap penyeliaan pengajaran. Kertas projek sarjana kepengetuaan, UM, Kuala Lumpur; 2002.
 16. Beach DM, Reinhartz J. Supervisory leadership: Focus on instruction, Allyn & Bacon, Boston; 2000.
 17. Thomas T. Fixing teacher evaluation. Journal of Educational Leadership. 2008; 66(2):32-37.
 18. Glickmann CD, Gordon SP, Gordon, JM. Supervision of instruction: A developmental approach (3rd Ed.). Boston: Allyn & Bacon; 1995.
 19. Haliza H. Amalan dan keberkesanan penyeliaan pengajaran di sekolah menengah luar bandar daerah muar. Tesis Sarjana. UTM; 2005.
 20. Navarro RL, Santos RG. Research-based teaching and learning. Quezon City: Lorimar Bookstore, Inc.; 2001.
 21. Canda D. Clinical supervision of principals, Master's Thesis. Rizal Memorial Colleges, Inc., Davao City; 2013.
 22. Kayıkçı K, Yılmaz, O., Şahin A. The views of educational supervisors on clinical supervision. Journal of Education and Practice. 2017;8(21):159-168.
 23. Holland PE, Adams P. Through the horns of dilemma between instructional supervision and the summative evaluation of teaching. Journal of Educational Leadership. 2002;5(3):227-247.
 24. Zepeda SJ. Cognitive dissonance, supervision, and administrative team conflict. International Journal of Educational Management. 2017;20(3):224-232.

© 2020 Bello and Olaer; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

*The peer review history for this paper can be accessed here:
<http://www.sdiarticle4.com/review-history/62022>*