

# BOOK OF ABSTRACTS

The 3<sup>rd</sup> Global Conference on Business,  
Management and Entrepreneurship  
(GCBME) 2018

// Creating Innovative and Sustainable  
Values-added Businesses  
in the Disruption Era

Universitas Pendidikan Indonesia  
Bandung, August 8, 2018





## Preface



The 3<sup>rd</sup> UPI Global Conference on Business, Management and Entrepreneurship (UPI – GC-BME 2018 ) will be held by Business Management Education Study programs, Faculty Of Economics and Business Education, Universitas Pendidikan Indonesia), this 3<sup>rd</sup> conference is an inseparable part of developing a solid academic culture in which its sustainability need to be supported by all of us.

This conference provides opportunities for the delegates to exchange new ideas and implementation experiences, to establish business or research connections and to find Global Partners for future collaboration. The conference is expected to be held annually and this year we take the theme of: **"Creating Innovative and Sustainable Value-added Businesses in the Disruptive Era"**

GCBME ultimately aims to provide a medium forum for educators, researchers, scholars, managers, graduate students and business men from the diverse cultural backgrounds to present and discuss their researches, knowledge and innovation within the fields of business, management and entrepreneurship.

I wish to extend a warm welcome to all the participants coming from various countries. I appreciate the hard work of the committee members who enabled many participants to be interested in joining this conference. Based on the latest data, this conference will be attended by 233 participants either as the presenters or the participants. They come from other countries such as: Malaysia, Korea, Uganda and also from different parts of Indonesia.

It is expected that the number of papers presented at this conference, after being edited based on the result of presentation, and discussion will be proposed to be published in two publishers first CRC Press (Taylor & Francis Group) and second Atlantis Press CPCI, google Scholar. All articles get a Digital Object Identifier (DOI).

There are 233 papers from various topics, including **Organizational Behavior, Leadership and Human Resources Management, IT, Innovation, Operations and Supply-Chain Management, Marketing Management, Financial Management and Accounting, Strategic Management, Entrepreneurship and Contemporary Issues and Green Business**. More than 233 papers are selected to go through a strict peer reviewed the process, and these papers will be published in two conference proceedings.

We would like to thank the organizing committee and the members of reviewers for their kind assistance in reviewing the papers. We would also extend our best gratitude for **Prof. Dr, DM Ali, MA, Professor Dr Ajay Cauhan, Assoc Prof Lai Chee Sern and Judi Ahmadi MSc** for their invaluable contribution and worthwhile ideas shared in the conference.

**Prof. Ratih Hurriyati, MP**  
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# IMPROVING TEACHERS' CAPABILITY IN AUTHENTIC ASSESSMENT THROUGH CLINICAL SUPERVISION WITH PEER COACHING GROW ME APPROACH

*by* Ma'mun Hanif

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## IMPROVING TEACHERS' CAPABILITY IN AUTHENTIC ASSESSMENT THROUGH CLINICAL SUPERVISION WITH *PEER COACHING GROW ME* APPROACH

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### ABSTRACT

Research aims to analyze and synthesize clinical supervision model in authentic assessment with a feasible *Peer Coaching Grow Me* approach for MTs teachers in Brebes District. The research method used was Research and Development. The data were obtained from the results of clinical supervision, needs analysis, model testing, and model validation. The data collection techniques used were questionnaires, interviews, documentation studies, observations, and FGDs. The test validity includes model validation by experts and practitioners. Qualitative descriptive analysis employed display data, reduction, verification, and conclusion. The results of the research are: (1) the latest factual model of clinical supervision was mediocre with 56.83%. (2) the hypothetical model of clinical supervision was very important with 84.45%; (3) the final model of clinical supervision was very feasible, proven by 85.00% score of model validation results, model book, and guidance. Clinical Supervision contributed to 26.67% of the teachers' capability in authentic assessment. Conclusion: Clinical supervision has been categorized as mediocre, theoretical, has not reached practical level. The model of clinical supervision is very important, as it effectively and efficiently emphasizes the steps: goals, reality, options what's next? / Will, monitoring and evaluation. Clinical Supervision *Peer Coaching Grow Me* is very feasible. It can be implicated by principals and supervisors to help teachers who have difficulties in authentic assessment of the 2013 curriculum.

Keywords: Authentic Assessment, Clinical Supervision, and Peer Coaching Grow Me

### INTRODUCTION

The implementation of the 2013 curriculum as a refinement of KTSP has implications for changes in assessment standards. Assessment is a tool of evaluation, serves as a picture of the achievement of National Education Standards [1]. Assessment is essential in determining the direction of learning and the quality of education [2]. One form of assessment of the 2013 curriculum that is considered appropriate to assess students' learning outcomes is an authentic assessment. The authentic assessment is: activities to assess students according to competence requirements in the Competency Standard (CS) or Core Competence (CC) and Basic Competence (BC) [3].

The reason underlying the application of authentic assessment of the 2013 curriculum is due to: more comprehensive, including aspects of attitudes (affective), knowledge (cognitive), and skills (psychomotor) [4,5]. Authentic assessment has the advantage of measuring students' ability significantly, focusing on the evaluation of the process, portfolio and overall output evaluation [6,7].

Despite having many advantages, in fact, not all teachers understand the 2013 curriculum's authentic assessment. Teachers are still having difficulties in implementing the 2013 curriculum assessment, as they are still used to the KTSP assessment system. 50% of SMP / MTs teachers are still having difficulties in formulating indicators, compiling items of attitude, skills, and knowledge assessment instruments and applying authentic assessment software [8]. This



means that the condition of teachers' ability in carrying out the authentic assessment of the 2013 curriculum is still low and needs to be improved.

Efforts to improve the skill of MTs Negeri teachers in Brebes District have been carried out by the Ministry of Religious Affairs, Brebes District Education Office, MGMP and schools through training, workshops, bintek and supervision. One such activity, which is considered an effective solution to improve teachers' capability in the 2013 curriculum's authentic assessment, is clinical supervision.

Clinical Supervision is a professional assistance given to teachers who have problems in teaching-learning process in order to be systematically solved [9]. Clinical Supervision emphasizes the personal relationship between the supervisors and the teachers with regard to solving the learning problem [10]. Awareness and initiative of teachers in utilizing clinical supervision to address the problematic learning is still low [11]. Teachers should be aware that the idea of clinical supervision comes from the initiative and desire of the teacher rather than the principal's [4]. Teachers who have difficulties in conducting learning process are likened to ill patients, so, they need to see a doctor to recover from his/her illness [12]. This means that teachers who have difficulties in carrying out the authentic assessment need to come to the supervisors for help to resolve the problem.

The implementation of clinical supervision that specializes in the provision of assistance to teachers who have difficulties in authentic assessment has not been done [13]. As a result, clinical supervision cannot provide problem-solving solutions according to each teacher's difficulty [14]. The clinical supervision is routinely conducted at the supervisors and principals' initiative. Thus, it could not provide solutions according to the teacher's difficulties [15]. Clinical Supervision that can help overcome the teachers' problems in authentic assessment is *Peer Coaching Grow Me* (PCGM). It is a professional coaching for teachers by reflecting on the role of supervisors and principals on self-development through the steps of goals, reality, options what's next? / Will, monitoring and evaluation [16].

Clinical Supervision with PCGM approach can serve as a solution to solve teachers' difficulties in carrying out authentic assessment since it has both theoretical and practical advantages. Its theoretical advantage includes: emphasizing learning process on self-development, therefore, it has the potential to improve teachers' performance in authentic assessment [17]. While the practical advantage is prioritizing activities on partners between supervisors and supervisee, so that teachers are given the opportunity to share knowledge and professional skills [18,19].

With this in mind, it is necessary to develop a model of clinical supervision with *Peer Coaching Grow Me* approach to improve the capability of MTs teachers in Brebes District on authentic assessment. The study aims to analyze and synthesize the clinical supervision model with the appropriate *Peer Coaching Grow Me* approach to improve the capability of MTs Negeri teachers in Brebes District on authentic assessment. The results of the study are expected to be useful for the Ministry of Religious Affairs, supervisors, heads of MTs and teachers, as a reference and input in the implementation of clinical supervision in the 2013 curriculum's authentic assessment.

## RESEARCH METHODS

The research was conducted in MTs Negeri, Brebes District. The research design used was Research and Development (R & D) method. The research procedures were adopted from Borg & Gall [20] with three main stages: preliminary, development and validation. The



population in this study was 200 people, while the research sample was 10% of them, i.e. 20 people. The data sources were: data documentation of teachers' performance quality in authentic assessment, questionnaire data, observation, interview, Focus Group Discussion (FGD). The data collection techniques applied were: questionnaire, interview, observation, documentation study, and FGD. The data validity employed constructs and item validity. Moreover, the data analysis techniques used were quantitative and qualitative.

## RESULTS AND DISCUSSION

The results of preliminary researches on clinical supervision model in authentic assessment at MTs in Brebes Regency showed mediocre score of 306,15 (58,83%) in a range score between 217-312, seen from the aspect of performance and component system. This score was distributed for the performance system aspect, with the average score of 136,05 (58,45%) in the score range between 97-140; and for the component system aspect with the average score of 170,09 (59,02%) in the score range between.

The results of clinical supervision system performance evaluation in authentic assessment got the highest score on mean planning 68,40 (63,54%) in a score range between 67-87. This means that the planning was good, but still needed improvement especially on the indicator of clinical supervision stages in authentic assessment. Planning is one of the key stages in clinical supervision activities, as it aims to identify the needs and problems of teachers [21]. Planning can determine the standard of success in the implementation of clinical supervision from the early stages, execution, follow-up [9,22]. Indicators that need to be considered in the planning stage are: goals, work program, time, steps, instruments and team planning [23]. The lowest score was the evaluation with mean score of 23,90 (54,29%) in the range between 18-26. This means that only 54,29% of the respondents stated that the evaluation was good, but, there were still 45,71% who stated that it was mediocre. Thus, it needs to be improved especially for the evaluation stage. The evaluation of the initial meeting included rapport development and brainstorming [24]. Evaluation is the ability to follow up the supervisor's advice on the disadvantages of carrying out an authentic assessment [25].

The assessment results of the clinical supervision system component in the authentic assessment that has been carried out were categorized as mediocre with the average score of 170,09 (59,02%) in a score range between 118-170. The highest score of the system components was the supervisors' average score of 55,85 (66,57%) in the score range between 51-67. This indicates that the supervisors did well in carrying out the clinical supervision. The lowest score of the system components was the supervisors' average score of 23,40 (53,13%) in the score range between 18-26, indicating that the supervisees needed to improve its ability in authentic assessment.

The factual models of clinical supervision in authentic assessments that have been implemented include the management system performance such as planning, implementation, and evaluation. Whereas the system components include supervisors, supervisors, materials, methods, facilities and infrastructure, and time of clinical supervision. It was obtained a new value of 58,83% of the factual model of the clinical supervision implementation in the authentic assessment. This showed that the implementation of clinical supervision that has been categorized as mediocre has reached 58,83% only, and needs improvement.

The Needs analysis results of clinical supervision development model with PCGM approach was generally categorized as very important with an average score of 506,60 (84,45%) in a score range between 478-588. This category was distributed for system performance with the average score of 194,50 (85,15%) in the score range between 185-228; component system with the average score of 245,75 (85,04%) in the score range between 224-276. In addition, the *Peer Coaching Grow Me's* average score was 69,35 (83,32%) in the score range between 68-84.



On the requirement analysis of system performance aspect, the highest score was on the implementation stage with an average score of 65.30 (86.00%) in a score range between 62-76. This indicates that 86% of the respondents considered that the implementation of clinical supervision was very important, and only 15% of them stated it was less important and/or not important. Implementation is the core of clinical supervision activities, thus, supervisors and supervisee need to understand the procedures and phases. The phasing procedures for the implementation of clinical supervision include initial meeting, feedback, and follow-up [11,26,27].

The lowest value of the system performance was on the evaluation with the average score of 36.85 (83.73%) in a score range between 26-44. This means that the evaluation of clinical supervision such as the accuracy and ability of the applied methods to measure competence (cognitive, affective and psychomotor), implementation, feedback, and evaluation of observational instruments were considered very important by 83.73% of the respondents, only leaving 16.27% of them who were thinking the aspects were less important. Evaluation is a systematic and continuous process, and the key to success in the implementation of clinical supervision [28].

The highest score of the system management component aspect was on the supervisor (86.32%). This means that the competence, attitudes / principles, duties and roles of supervisors were considered very important and needed by 86.32% of respondents, only 13.68% of them considered it less important. The indicator that needs to be improved by the supervisor was the interpersonal skills. Interpersonal skills are the supervisors' ability to maintain a harmonious relationship with the supervisee and understand their desires, attitude, behavior or feelings [29]. Supervisors act as coordinators, consultants, group leaders and evaluators [30]. The lowest value of the system components was on the facilities and infrastructure with the percentage of 82.85%. This proves that facilities and infrastructure like place or manual are considered very important and needed by 82.85% of respondents, and only 17.15% of them stated less important, especially on the availability of Information and Communication Technology (ICT) tools and programs to process data.

On the aspect of PCGM approach, the highest score was on the goal with the percentage of 90.00%. This indicates the goal was considered important by 90.00% of the respondents, and only 10.00% of them considered as less important. The indicators of goal that still needed to be improved were the coaches/supervisors togetherness with the coachees/teachers in formulating the goal itself. The lowest value of the PCGM approach aspect was on the reality with the percentage of 80.00%. This shows that the reality was considered very important by 80.00% of respondents, and only 20.00% of them stated it less important. Reality is an assessment of the self-ability of coachee [16].

The model of clinical supervision with the PCGM approach in the authentic assessment of the 2013 curriculum for MTs teachers in Brebes District was developed based on a management context consisting of two main activities: system performance and system components. The performance of the management system developed included planning, implementation, evaluation, reporting, follow-up and monitoring. Whereas the system components included supervisors, supervisees, materials, methods, facilities and infrastructure and time. In addition, Peer Coaching Grow Me approach included goals, reality, options what's next? / Will, monitoring and evaluation.

Model supervisi klinis yang telah divalidasi pakar, praktisi dan uji kelayakan melalui FGD-1 hingga menjadi model hipotetik. Selanjutnya diujicobakan secara terbatas dan diperluas serta dievaluasi, hasil tercantum pada tabel 1.

The clinical supervision model that has validated the expert, practitioner and feasibility test through FGD-1 to become a hypothetical model. Further tested in a limited and expanded and evaluated, the results are listed in Table 1.

Table 1 The Results of Limited Trial and Expanded Trial in Extending Clinical Supervision in Authentic Assessment



No	Aspect	Limited Trial		Expanded Trial		Increasing Score
		Average score	Category	Average Score	Category	
1.	Instrument preparation	63,33	G	86,67	VG	23,34
2.	Determining PAP and PAN	55,00	M	85,00	VG	30,00
3.	Designing scoring system	58,33	M	83,33	VG	25,00
4.	Applying Assessment Software	52,50	M	80,00	G	27,50
5.	Processing rapport value	55,00	M	82,50	VG	27,50
Total		284,17	KB	M	VG	133,33
Average		56,83	KB	M	VG	26,67

Table 1 describes the results of a limited trial of clinical supervision with the PCGM approach in authentic assessment. It was obtained the average score of 56.83 for mediocre (M) category. The category was distributed for the quality aspect of instrument production with the average of 63.33 for good category; the determining of PAP and PAN got the average score of 55.00 and was categorized as mediocre (M); the designing of scoring system got the average score of 58.33 in mediocre (M). Moreover, the average software application got the average score of 52.50 and was categorized as mediocre.

The highest score of the limited trial went to the designing authentic scoring instrument with the average score of 63.33. This shows that the quality of teachers in creating assessment instruments including attitude, knowledge and skills has reached 63.33%, and was categorized as good, but there were still 36.67% got mediocre and poor. Instruments are very important because they serve as a test tool, hence, in making the instruments, teachers should pay attention to the competency indicators, inputs, processes, and students' outputs [25,31]. The lowest score of teacher performance test results in authentic assessment was on the ability of teachers in applying software with the average score of 52.50. This proves that the performance of teachers in applying software assessment was still low. Teachers who can apply softwares well were 52.50%, while the other 47.50% were mediocre. Hence, they need to be given clinical supervision services on how to apply software assessment.

The results of the expanded trial obtained an average value of 83.50 was categorized as very good. The category distributed respectively on the instrument preparation with the average of 86.67, determining PAP and PAN with the average of 85.00; designing scoring system with the average of 83.33; software application with the average of 80.00; and managing rapport with the average of 82.50. The highest value of the expanded trial was on the quality of the instrument with the average of 86.67 and was categorized as very good. The lowest value was on the software application with the average of 80.00, and was categorized as good. The results of limited and expanded trial showed an increase average of 26.67 points. That is, clinical supervision PCGM approach contributed to the teachers' quality improvement in the authentic assessment of 26.67% of other dimensions.

Assessment of clinical supervision model with PCGM approach that has been tested either limited or expanded, then was consulted to experts and discussed through FGD-2 for the improvement of the model, manual, and guidelines. The results are presented in table 2.

Table 2. Expert and Practitioner Validation Results on Model's Feasibility, Clinical Supervision manual and Guidelines with PCGM Approach

No	Aspect	Score	Range	Conversion (%)	Category
1.	Model Design	33,80	32-40	84,38	Very Feasible



2.	Manual	99,7	97-120	83,08	Very Feasible
3.	Guidelines	88	84-104	85,00	Very Feasible
Total		221,50	208-256	252,50	Very Feasible
Average		73,83	72-96	84,15	Very Feasible

Table 2 shows the results of validation done by experts and practitioners on the feasibility of models, manuals and guideline which was categorized as very feasible. The highest score was 85.00 on the manuals, indicating that it is very worth using to improve the ability of teachers in authentic assessment. The lowest score was 83.08 on guidelines, thus, it needs to be improved. The aspects that needed to be improved are mechanism, evaluation, and material clarity. The findings of the final model of clinical supervision in authentic assessment with Peer Coaching Grow Me approach in State MTs of Brebes are presented in Figure 1.

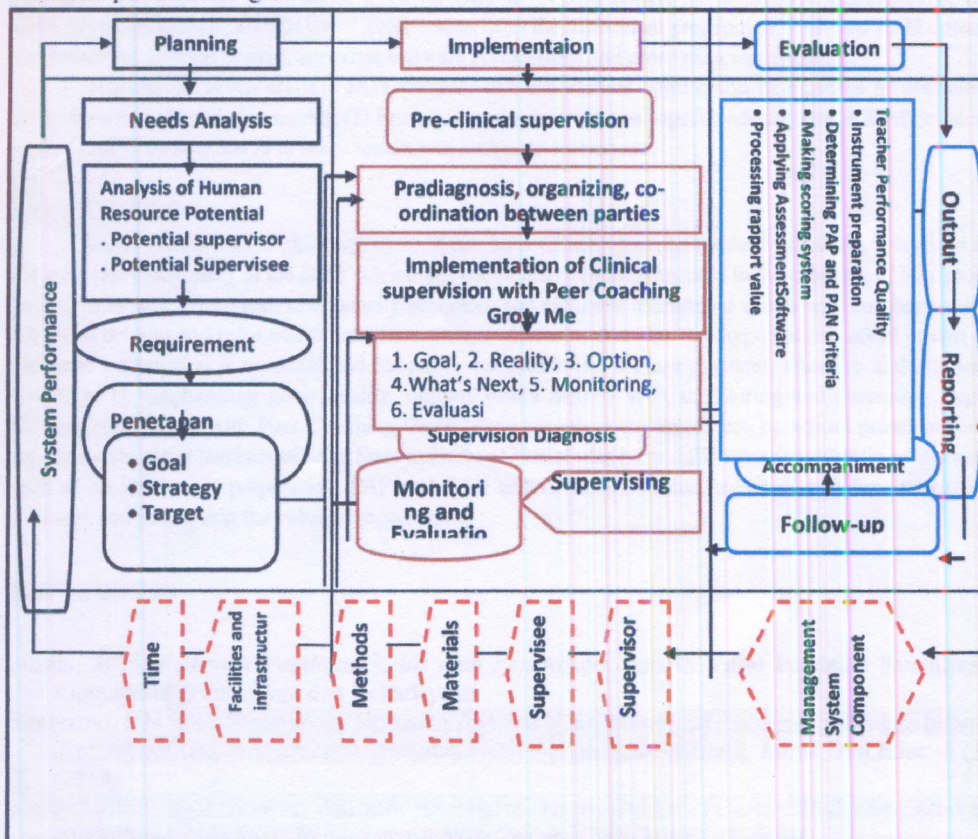


Figure 1. Final Model of Clinical Supervision in Authentic Assessment with Peer Coaching Grow Me for MTs Teachers in Brebes District.

On Figure 1, the final model of clinical supervision was a refinement of the factual model and the hypothetical model. Factual and hypothetical models after FGDs with experts and practitioners and being validated got the inputs and refinement to become the worthy-use final model for clinical supervision in authentic assessment. Experts and practitioners provided suggestions and inputs to add monitoring and



evaluation (monev) component. Monitoring and evaluation is an activity for observing, checking and supervising. [23] Monitoring is carried out by a team of supervisors, principals, and senior teachers. The monitoring team is assigned to monitor and coordinate at each stage of the clinical supervision activities [32]. The system components included supervisors, supervisee, materials, methods, facilities and infrastructure, and time.

The findings of the study showed that there were improvements of factual conditions, hypothetical model design development and final model. The factual condition of clinical supervision in the authentic assessment that has been done was categorized as mediocre with the percentage of 58.83%. The development of hypothetical model obtained 84.45%. The final model obtained a very feasible result with the percentage of 84.58%. Based on these findings, clinical supervision with PCGM approach was able to contribute to the improvement of teachers' ability in authentic assessment of 26.67% of other dimensions.

Based on these findings, clinical supervision by the PCGM approach may be implemented by school principals and supervisors to assist MTs teachers in Brebes District to overcome difficulties in the authentic assessment of the 2013 curriculum, seen from the instrument preparation, PAP and PAN criteria determination, scoring system, appraisal software applications and processing report cards.

Suggestions given are: (1) MTs teachers can use clinical supervision as a means to overcome difficulties in authentic assessment; (2) Principals and supervisors as supervisors may use PCGM's clinical supervision as an alternative to assist teachers in authentic assessment.

#### 14 CONCLUSION

Based on the results and discussion, it can be concluded that the model of clinical supervision in the authentic assessment of the 2013 curriculum which has been implemented in the category of less good, because it is still: theoretical, unnecessarily designed, and authentic assessment which only emphasizes the cognitive domain and rules out the affective and psychomotor domain. The hypothetical model design of academic supervision is essential and necessary because it has a more practical, effective and efficient advantage by emphasizing goals, reality, options what's next? / Will, monitoring and evaluation steps. Clinical Supervision with Peer Coaching Grow Me approach is worthy of use by school principals and supervisors to assist teachers of MTs State in Brebes District who have difficulties in authentic assessment such as on instrument preparation, PAP and PAN criteria determination, scoring, applying assessment software, and processing the value of report cards.

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