



Teachers’ Perceptions of Clinical Supervision Program and its Role in Enhancing Teachers’ Instructional Development

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Abstract

Review Article

The study aimed to determine the extent of implementation of the Clinical Supervision Program and the level of teachers’ instructional competence based on COT–RPMS ratings. It also sought to establish a relationship between the extent of implementation of the Clinical Supervision Program and the level of teachers’ instructional competence based on COT–RPMS ratings, as well as to identify the challenges encountered by teachers in the clinical supervision process. A descriptive-correlational research design was employed covering all the schools in Diffun District I with 142 teacher-respondents. Findings revealed that the clinical supervision program is strongly perceived by teachers as effectively implemented across its three phases: pre-observation conference, classroom observation, and post-observation feedback, each fostering clear communication, collaboration, and professional growth. Moreover, teachers demonstrated outstanding instructional competence. Furthermore, the extent of clinical supervision implementation is not significantly correlated with teachers’ instructional competence, indicating other factors may influence competence beyond supervision perception. Meanwhile, teachers encountered several challenges in the clinical supervision process, including limited time for pre-observation conferences, unclear communication of objectives and criteria, insufficient involvement in planning observations, anxiety during observations, and feedback that is often too general or delayed. These findings highlight that clinical supervision can be improved through clear communication, collaborative planning, and constructive feedback, addressing time and involvement challenges, supporting supervisors, integrating professional development, monitoring progress with COT–RPMS, and fostering reflective practice to enhance teacher growth and student outcomes.

Keywords: Clinical Supervision, instructional competence, relationship, teachers’ perception.

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INTRODUCTION

Clinical supervision is emphasized by the Department of Education (DepEd) as a key strategy for quality assurance and teacher professional development. Unlike traditional evaluative

supervision, clinical supervision follows structured stages—pre-observation, observation, and post-observation conferences—focusing on reflective dialogue, collaboration, and professional growth (Maisyaroh et al., 2021; Bayer et al., 2024; Mastuti et al., 2022; Sunardi & Satori, 2024). Studies in the



Philippines indicate that clinical supervision strengthens teacher-supervisor relationships, improves classroom strategies, and promotes reflective practice, which contribute to enhanced professional competence and instructional improvement (Co, 2022). For example, a phenomenological study in Agusan del Sur revealed that clinical supervision supported teachers' reflective growth and real-time instructional adaptation (Bayer et al., 2024).

DepEd policies, including DepEd Orders 24 and 25 and the Philippine Professional Standards for School Heads and Supervisors, institutionalize clinical and instructional supervision, highlighting instructional leadership, mentoring, and teacher capacity building. Research also shows that effective instructional supervision is positively associated with teacher job satisfaction, self-efficacy, and teaching performance, which are essential for maintaining high-quality instruction and improving student outcomes (Octobre & Andal, 2025; Ambayec & Lugo, 2025; Firmansyah et al., 2025).

However, despite these benefits, significant gaps remain. Policy intentions and supervisory frameworks do not always translate into meaningful professional development due to variations in implementation across schools and districts. Teachers' perceptions of supervision greatly influence their engagement with feedback and reflective practice. Existing studies note issues such as inconsistent coaching approaches, limited follow-up support, and differences in leadership capacity. These gaps highlight the need to examine teachers' perspectives on clinical supervision to better understand how supervisory practices can effectively support instructional development and improve classroom performance.

Specifically, the study sought to answer the following questions:

1. What is the extent of implementation of the Clinical Supervision Program as perceived by teachers in terms of:
 - 1.1. Pre-observation conference;
 - 1.2. Classroom observation and

- 1.3. Post-observation feedback?
2. What is the level of teachers' instructional competence based on COT – RPMS ratings?
3. Is there a significant relationship between the extent of clinical supervision implementation and teachers' instructional competence?
4. What are the challenges encountered by teachers in the clinical supervision process?

METHODS

The study employed a descriptive-correlational research design to examine the relationship between the Clinical Supervision Program and teachers' instructional competence. The descriptive component determined the current status of the program's implementation and the level of teachers' instructional proficiency. Meanwhile, the correlational aspect analyzed the strength and direction of the relationship between clinical supervision and instructional competence without manipulating variables, allowing the researcher to observe naturally occurring conditions.

The research was conducted in public schools in Diffun District I, which was purposively selected because the Clinical Supervision Program is actively implemented in the district. The locale provides diverse teaching environments, enabling a comprehensive assessment of how supervision practices influence instructional development.

The study involved 142 classroom teachers selected through stratified sampling from a total population of 223 teachers across seven public secondary and integrated schools. Participants represented various grade levels and subject areas and were required to be actively engaged in classroom teaching during the study.

Data were collected using a Teacher Instructional Competence Observation Checklist and Rating Scale, adapted from established teaching and supervision frameworks. The instrument measured five domains: lesson planning and preparation, instructional delivery, classroom management,

assessment of student learning, and professional growth and reflection. Responses were rated using a 4-point Likert scale. The instrument underwent expert validation and pilot testing, achieving a Cronbach’s alpha of at least 0.70 to ensure reliability.

Data collection followed structured procedures: securing permission, conducting a pre-test, implementing the clinical supervision cycle, administering a post-test, and analyzing the results. Statistical tools included frequency and percentage, mean, and Pearson r to describe respondent profiles,

determine levels of program effectiveness and instructional competence, and examine their relationship. Ethical principles such as informed consent, confidentiality, voluntary participation, and honesty in reporting were strictly observed.

RESULTS AND DISCUSSION

This section presents the findings and analysis of the results of the study after appropriate statistical procedures have been applied.

RQ1. What is the extent of implementation of the Clinical Supervision Program as perceived by the teachers?

Table 1. Level of Agreement of the Respondents on the Perceived Extent of Implementation of Clinical Supervision Program along Pre-observation Conference

Statements	Mean	SD	Description
1. The supervisor observes my class based on agreed-upon objectives from the pre-observation conference.	3.61	.49	Strongly Agree
2. The objectives of the classroom observation are clearly explained during the pre-observation conference.	3.46	.57	Strongly Agree
3. Instructional strategies to be observed are discussed before the classroom visit.	3.47	.55	Strongly Agree
4. The pre-observation conference allows me to share my lesson plan and instructional goals.	3.52	.56	Strongly Agree
5. Expectations and observation criteria are clearly communicated during the pre-observation conference.	3.46	.54	Strongly Agree
Grand Mean	3.50	.46	Strongly Agree

Legend: 3.25 – 4.00 Strongly Agree (SA)
 2.50 – 3.24 Agree (A)
 1.75 – 2.49 Disagree (D)
 1.00 – 1.74 Strongly Disagree (SD)

The respondents strongly agree that the clinical supervision program effectively implements the pre-observation conference phase, as indicated by high mean scores ranging from 3.46 to 3.61 across

statements about clear communication of objectives, instructional strategies, lesson plan sharing, and observation criteria (grand mean = 3.50) (Sulfahri et al., 2023; Maulidiansyah et al., 2023). This aligns

with findings from Indonesian and other Asian contexts where clinical supervision includes structured pre-observation meetings that clarify goals and expectations, fostering teacher readiness and collaborative planning before classroom observation (Norjannah & Ishartiwi, 2025; Marwati et al., 2019; Maulidiansyah et al., 2025). Studies emphasize that such pre-observation conferences enable teachers to share lesson plans and instructional goals, which supports reflective practice and targeted feedback during observations (Bayer et al., 2024).

Time limits and teacher anxiety during supervision are challenges, but these are lessened by

developing familiarity and open communication during the pre-observation stage (Sulfahri et al., 2023; Pranita et al., 2019). Because supervisors employ predetermined goals to direct observations and subsequent feedback, this phase's efficacy is also associated with enhanced teacher competencies and professional development (Maulidiansyah et al., 2023). According to the findings, pre-observation conferences should be strongly implemented as a crucial part of clinical supervision programs that improve teaching quality through cooperative discussion and explicit expectations (Norjannah & Ishartiwi, 2025; Marwati et al., 2019; Bayer et al., 2024).

Table 2. Level of Agreement of the Respondents on the Perceived Extent of Implementation of Clinical Supervision Program along with Classroom Observation

Statements	Mean	SD	Description
1. The supervisor observes my class based on agreed-upon objectives from the pre-observation conference.	3.54	.57	Strongly Agree
2. The classroom observation focuses on instructional strategies and teaching performance.	3.61	.50	Strongly Agree
3. The supervisor uses an observation checklist or rating scale during the classroom observation.	3.61	.50	Strongly Agree
4. The observation is conducted in a professional and non-threatening manner.	3.63	.53	Strongly Agree
5. The classroom observation provides an accurate assessment of my instructional practices.	3.59	.53	Strongly Agree
Grand Mean	3.59	.44	Strongly Agree

Legend: 3.25 – 4.00 Strongly Agree (SA)
 2.50 – 3.24 Agree (A)
 1.75 – 2.49 Disagree (D)
 1.00 – 1.74 Strongly Disagree (SD)

Respondents strongly agree that classroom observation in the clinical supervision program is effectively implemented, with mean scores between 3.54 and 3.63 indicating that observations are based on pre-agreed objectives, focus on instructional

strategies, use structured checklists, are conducted professionally, and provide accurate assessments of teaching practices (grand mean = 3.59). This reflects findings from recent Asian studies where clinical supervision emphasizes systematic observation

guided by clear criteria and professional conduct to support teacher development (Norjannah & Ishartiwi, 2025; Sulfahri et al., 2023; Murtafi'ah & Rosid, 2024). The use of observation checklists or rating scales is highlighted as a key tool for objective evaluation and constructive feedback during classroom visits (Babo & Syamsuddin, 2022; Maulidiansyah et al., 2023).

During observations, professionalism and a non-threatening environment help teachers feel less anxious, which promotes openness to criticism and reflective practice (Sulfahri et al., 2023; Pranita et al.,

2019). By identifying strengths and areas for improvement in line with instructional goals established in pre-observation conferences, research from Indonesia and Malaysia also demonstrates how such organized observations increase teaching quality (Ghavifekr et al., 2019; Rafiqie, 2025). Research demonstrates that effective classroom observation in clinical supervision improves teacher performance through targeted, cooperative, and encouraging evaluation procedures (Norjannah & Ishartiwi, 2025; Murtafi'ah & Rosid, 2024; Rafiqie, 2025).

Table 3. Level of Agreement of the Respondents on the Perceived Extent of Implementation of Clinical Supervision Program along Post-observation Feedback

Statements	Mean	SD	Description
1. The post-observation conference is conducted after the classroom observation.	3.63	.48	Strongly Agree
2. The supervisor provides constructive and specific feedback on my teaching performance.	3.61	.50	Strongly Agree
3. Strengths and areas for improvement are discussed during the post-observation conference.	3.65	.49	Strongly Agree
4. The feedback helps me reflect on and improve my instructional competence.	3.63	.50	Strongly Agree
5. The post-observation conference promotes professional growth and instructional improvement.	3.73	.45	Strongly Agree
Grand Mean	3.65	.43	Strongly Agree

Legend: 3.25 – 4.00 Strongly Agree (SA)
 2.50 – 3.24 Agree (A)
 1.75 – 2.49 Disagree (D)
 1.00 – 1.74 Strongly Disagree (SD)

The respondents strongly agree that the post-observation feedback phase of the clinical supervision program is well implemented, with mean scores ranging from 3.61 to 3.73 across statements highlighting timely post-observation conferences, constructive and specific feedback, discussion of

strengths and areas for improvement, and promotion of professional growth (grand mean = 3.65). Recent Asian studies emphasize the critical role of this phase in facilitating teacher reflection, feedback integration, and collaborative professional development, which aligns with Bandura's social

cognitive theory and established clinical supervision models (Bayer et al., 2024). Constructive feedback delivered in a supportive, non-threatening manner helps teachers identify instructional strengths and weaknesses, fostering reflective practice that leads to improved teaching competence (Norjannah & Ishartiwi, 2025; Maulidiansyah et al., 2023).

According to research from Indonesia and the Philippines, organized post-observation conferences greatly aid in the development of teachers by fostering discussions that support self-evaluation and

focused instructional enhancements (Setyowati et al., 2023; Sulfahri et al., 2023). Clear communication and trust-building between supervisors and instructors at this period help to mitigate challenges including time restrictions and initial teacher fear (Bayer et al., 2024; Sulfahri et al., 2023). Effective post-observation feedback is crucial for improving instructional quality and maintaining professional development within clinical supervision programs, according to evidence from recent Asian contexts (Bayer et a., 2024; Norjannah & Ishartiwi, 2025; Maulidiansyah et al., 2023; Sulfahri et al., 2023).

RQ 2. What is the level of teachers’ instructional competence based on COT–RPMS ratings?

Table 4. Respondents’ Instructional Competence Based on COT–RPMS Ratings

School Year	Mean	SD	Description
2023-2024	4.747	.192	Outstanding
2024-2025	4.815	.120	Outstanding
Grand Mean	4.781	.149	Outstanding

Legend: 4.500 – 5.000 Outstanding (O)
 3.500 – 4.499 Very Satisfactory (VS)
 2.500 – 3.499 Satisfactory (S)
 1.500 – 2.499 Unsatisfactory (US)
 Below 1.499 Poor (P)

The respondents’ instructional competence based on Classroom Observation Tool (COT) ratings within the Results-Based Performance Management System (RPMS) for school years 2023-2024 and 2024-2025 is rated as outstanding, with grand mean scores of 4.781 indicating exceptional teaching performance. This aligns with recent Asian research demonstrating that teachers assessed through COT-RPMS often achieve high ratings in instructional management, content mastery, and pedagogical skills, reflecting strong professional competence (Pangan & Magno, 2025; Salvalosa, 2025).

Studies from the Philippines highlight that structured observation and feedback mechanisms

embedded in RPMS contribute to continuous teacher development and improved classroom practices, although some findings suggest no significant direct effect of COT feedback on instructional proficiency, pointing to the complexity of factors influencing teaching quality (Papa, 2022). Research also emphasizes the importance of behavioral skills such as professionalism and commitment in enhancing RPMS performance, suggesting that instructional competence is multifaceted and benefits from comprehensive development programs like GURO21 (Salvalosa, 2025). The use of rigorous observation tools in teacher evaluation is further supported by evidence from mathematics education

research that highlights the connection between pedagogical competency and instructional quality, which has a favorable impact on student learning outcomes (Konig et al., 2021). These findings support that high COT-RPMS ratings reflect

effective instructional competence among teachers in Asian contexts, while also highlighting areas for further enhancement through targeted professional development (Pangan & Magno, 2025; Papa, 2022; König et al., 2021; Salvalosa, 2025).

RQ3. Is there a significant relationship between the extent of clinical supervision Implementation and teachers’ instructional competence?

Table 5. Pearson r Correlation between the Respondents’ Perceived Extent of Clinical Supervision Implementation and Their Instructional Competence

Extent of Clinical Supervision Implementation	Instructional Competence		
	r	p	Decision
A. Pre-observation Conference	.040	.637	Fail to reject Ho
B. Classroom Observation	-.039	.643	Fail to reject Ho
C. Post-observation and Feedback	-.155	.065	Fail to reject Ho

The Pearson r correlation results indicate no significant relationship between the respondents’ perceived extent of clinical supervision implementation across pre-observation conference, classroom observation, and post-observation feedback and their instructional competence, as all p-values exceed the typical significance threshold ($p > 0.05$). This finding suggests that, in this context, teachers’ perceptions of clinical supervision activities do not directly correlate with their instructional competence ratings. However, contrasting evidence from Asian studies shows that clinical supervision can positively influence instructional competence when implemented effectively and supported by structured feedback and reflective practices (Bello & Olaer, 2020; Yeni & Muin, 2025; Sunardi & Satori, 2024). For example, research in the Philippines found a strong positive

relationship between clinical supervision and teacher competence, emphasizing the importance of mentoring and ongoing support (Bello & Olaer, 2020). Similarly, Indonesian studies highlight that clinical supervision fosters professional growth through collaborative inquiry and targeted feedback, although challenges like time constraints may limit its impact (Norjannah & Ishartiwi, 2025; Yeni & Muin, 2025).

These conflicting results suggest that although clinical supervision may improve instructional competence, its efficacy is dependent on several variables, including the quality of implementation, the supervisor’s abilities, and the contextual support provided by schools (Norjannah & Ishartiwi, 2025; Yeni & Muin, 2025; Sunardi & Satori, 2024).

RQ4. What are the challenges encountered by teachers in the clinical supervision process?

Table 6. Level of Agreement of the Respondents on the Challenges They Encountered in the Clinical Supervision Process

Statements	Mean	SD	Description
1. Limited time is allotted for meaningful pre-observation conferences.	2.38	.79	Disagree
2. The objectives of the classroom observation are not clearly explained.	2.13	.75	Disagree
3. Expectations, observations, and observation criteria are not clearly communicated.	1.92	.80	Disagree
4. I am not sufficiently involved in planning the focus of the observation.	1.80	.86	Disagree
5. Pre-observation conferences are sometimes skipped or conducted hastily.	1.94	.91	Disagree
6. Classroom observations are conducted with insufficient time to capture actual teaching practices.	2.03	.79	Disagree
7. The presence of the observer causes anxiety or stress during teaching.	1.94	.86	Disagree
8. Observation tools used do not fully reflect my teaching context or subject area.	1.92	.81	Disagree
9. Classroom observations focus more on compliance than instructional improvement.	2.04	.77	Disagree
10. Unexpected classroom interruptions affect the quality of the observation.	2.31	.92	Disagree
11. Post-observation feedback is not given immediately after the classroom observation.	2.01	.72	Disagree
12. Feedback provided is too general and lacks specific suggestions for improvement.	2.04	.72	Disagree
13. Strengths are not adequately recognized during post-observation discussions.	1.98	.73	Disagree
14. Feedback is perceived as evaluative rather than developmental.	2.05	.77	Disagree
15. There is limited follow-up support after the post-observation conference.	2.01	.84	Disagree
Grand Mean	2.03	.67	Disagree

Legend: 3.25 – 4.00 Strongly Agree (SA)
 2.50 – 3.24 Agree (A)
 1.75 – 2.49 Disagree (D)
 1.00 – 1.74 Strongly Disagree (SD)

The respondents generally disagreed with the statements describing challenges encountered in the clinical supervision process, as reflected by a grand mean of 2.03, indicating a low level of agreement with difficulties such as limited time for pre-observation conferences, unclear objectives and criteria for classroom observations, insufficient involvement in planning, and delayed or vague feedback. This suggests that while some challenges exist, they may not be perceived as severe barriers by the respondents. Asian research supports these findings by identifying common barriers to effective clinical supervision, including lack of time, unclear communication of objectives, inadequate feedback specificity, and anxiety caused by observation presence (Rothwell et al., 2021; Ryu et al., 2024; Atashi et al., 2023).

Meaningful supervision contacts are severely hampered by practical limitations such as limited protected time and organizational support, according to studies from Asian healthcare settings (Ryu et al., 2024; Awiagah et al., 2024). Furthermore, poor communication regarding the objectives and standards of observation frequently results in the view of supervision as evaluative rather than developmental, which can lessen its efficacy (Rothwell et al., 2021; Masamha et al., 2022). To improve the clinical supervision process and its influence on professional development, addressing these issues calls for clear communication, adequate time allocation, supervisor training, and a supportive organizational culture (Rothwell et al., 2021; Ryu et al., 2024; Awiagah et al., 2024; Atashi et al., 2023).

The findings indicate that teachers strongly perceive the clinical supervision program as effectively implemented across its three phases—pre-observation conference, classroom observation, and post-observation feedback—promoting communication, collaboration, and professional development. Teachers also demonstrated outstanding instructional competence. However, the implementation of clinical supervision showed no significant correlation with teachers' instructional competence, suggesting that other factors may influence their performance. Despite the positive

perception, teachers reported challenges in the supervision process, including limited time for pre-observation conferences, unclear communication of objectives and criteria, minimal involvement in planning observations, anxiety during observations, and feedback that is often delayed or too general.

Based on the findings, it is recommended that the clinical supervision program continue to be implemented across the pre-observation conference, classroom observation, and post-observation feedback phases while maintaining strong communication, collaboration, and support for teachers' professional growth. Schools should sustain and further enhance teachers' instructional competence through continuous professional development, mentoring, and collaborative practices. Since instructional competence may be influenced by factors beyond supervision, additional support strategies should be integrated. Challenges in the supervision process should also be addressed by ensuring sufficient preparation time, clear communication, teacher involvement, and timely, specific feedback, while promoting reflective practice, regular monitoring, and further research with larger samples.

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