

## The Effectiveness of an Self Regulated Learning Model Based on Clinical Supervision in Learning Non-Fiction Writing in Private Vocational Schools in Madiun City in the Year 2005/2026

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### Abstract

To this day, school students still lack the persistence, enthusiasm, and self regulated in learning that their parents desire. Furthermore, private vocational school students have different educational backgrounds than public vocational school students. Those interested in private vocational schools tend to be those who were not accepted into public vocational schools. A self-directed learning model based on clinical supervision is highly appropriate to address this challenge. Enthusiasm, motivation, persistence, and self regulated learning are instilled through the self-directed learning paradigm, while students are monitored and guided through clinical supervision. Experimental research at Cendekia Vocational School found that the self-directed learning model based on learning assistance is effective for Indonesian language learning in vocational schools in Madiun City.

### Keywords

Self-Regulated Learning; Clinical Supervision; Non-Fiction Writing; Vocational School Student



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## INTRODUCTION

The learning process in today's educational institutions requires students to be able to learn actively and self regulatedly, driven by high levels of motivation and self-regulated learning to achieve learning objectives. Motivation drives students to gather various sources of information/lesson materials, read them attentively, create concept maps of their learning outcomes, and so on, as needed. Self-regulated learning allows students to determine when to seek information, where to find it, when to read twice, when to ask the teacher, when to consult a dictionary, and so on. By optimally implementing a self-regulated learning model, students can be assured of achieving their desired learning objectives.

The survey results revealed that students generally lack the motivation and

persistence to learn as expected. This situation is caused by many factors, including family background, economic status, and students' generally low cognitive abilities. This low cognitive ability can trigger low self-confidence, which in turn leads to low student motivation to learn. If left untreated, this condition will lead to bigger problems. Due to this critical condition, students need supervision and guidance in the learning process. Therefore, through this research, an attempt will be made to develop an self regulated learning model with a learning assistance mechanism based on clinical supervision and problem-based learning. This clinical supervision is a supervision and assistance strategy that has advantages, making it appropriate for use in developing an self regulated learning model. The mental-psychological steps of self regulated learning will be combined with the learning assistance steps of the clinical supervision model for 21st-century problem-based learning, which has its uniqueness and challenges.

The above idea is important to note considering that learning in this century is implemented with a constructivist approach through a scientific learning model based on the scientific method, namely a learning process designed so that students can actively construct concepts, laws, or principles through the stages of observing (identifying and finding problems), formulating problems, proposing hypotheses, collecting data using various techniques, analyzing data, drawing conclusions and communicating findings (Daryanto: 2014). What is important in learning is the occurrence of scientific process skills. Through this learning process, students are directed to discover various facts themselves, build new concepts and values necessary for their lives. More broadly, the application of this scientific model is intended to provide students with an understanding in recognizing and understanding various materials scientifically that information can come from anywhere, at any time, not dependent on information from teachers/lecturers. Therefore, the expected learning conditions are directed at encouraging students to find out from various sources through observation and not just being told (Kemendikbud: 2013). This scientific approach is believed to be a golden strategy in the formation and development of students' knowledge, skills and attitudes.

To carry out scientific learning procedures, high-level thinking skills are required. This is indeed a skill that students need to have in the 21st century. High-level thinking skills (HOTS) are critical thinking skills, creative thinking and innovation, collaborative skills, and

communication skills. These four elements (4C) are the main elements in high-level thinking. Currently and in the future, the world of work, in addition to demanding integrity, initiative, motivation, teamwork, ethics, a willingness to learn, commitment, resilience, communication, honesty, logical argumentation, faith and devotion to God Almighty, is also required to be able to think at a high level, creatively, innovatively, critically, problem-solving skills, communication and collaboration skills, the ability to work with information literacy, information technology literacy, the ability to live as global citizens, have cultural awareness, and have personal and social responsibility for the progress of the nation (Sajidan, 2018).

From the above view, it can be formulated that scientific learning has the following characteristics: student-centered; involving science process skills in constructing concepts, laws or principles; involving potential cognitive processes in stimulating intellectual development based on students' higher-order thinking skills; and can develop students' character. Students need to be trained not only to remember (recall), restate (restate), or refer without processing (recite), but to the level of transferring one concept to another, processing and applying information, looking for connections between different pieces of information, using information to solve problems, critically examining ideas and information (Ministry of National Education: 2013; Sajidan: 2018).

The views and expectations above reflect the significant responsibility and involvement of students in learning activities. In response to this, the self regulated learning model is highly suitable for implementation as a reinforcement or booster for student learning. Self-directed learning is an active learning concept driven by a strong intention or motive to master a competency to address a problem (Mudjman, 2007; Robinson and Persky, 2020). Through self regulated learning, students transform their individual learning into lifelong learning (Woesik et al., 2021). Self regulated learning refers to the meaning and outcomes of lifelong learning and has a lifelong learning dimension (Tekkol and Demirel, 2018). This is because through lifelong learning, students maintain motivation, which drives learning routines, fostering student independence. In the learning ethos that has reached the level of student independence, there is a shift in responsibility from teachers to students (Tekkol and Demirel: 2018). If teacher assistance is still needed, the teacher's role is only as collaborative control (Loeng: 2020). In self regulated learning, learning activities reflect

professional practice.

The goal of self regulated learning refers to careful planning and strict self-monitoring of cognitive and affective processes for successful completion of academic tasks (Corno and Mandinach: 1990). Self regulated learning is an act of self regulated initiative to meet learning goals, self-regulation efforts, time management, physical environment arrangement, and so on to achieve learning goals. Thus, in accordance with its psychological work domain, the self regulated learning model is expected to be a major contribution to the supervision of educational psychology. With the concept of self regulated learning, students will be able to understand and control the role of cognitive, emotional, and motivation to support learning success. The knowledge that students already have (skmata/or prior knowledge) will guide and become a self-disposition for children to learn, which is then driven by high motivation, children will use their self-regulated learning to develop their abilities (Suharto, Waraulia, Hermayani: 2020).

Based on the ideas above, the indicators of an self regulated learning model are: learner activeness, persistence (tenacity), directed action, and creativity in achieving goals. The motive or interest in mastering a competency is the driving force behind intensive, persistent, directed, and creative learning activities. Based on these indicators, the steps in self regulated learning are internalized by students, creating a joyful learning atmosphere. The birth of the self regulated learning model developed from the constructivist learning philosophy. This is because in self regulated learning (SDL), students experience what they are learning in a concrete way. With personal and professional responsibility, they conduct self-monitoring and self-management in constructing and confirming learning outcomes for optimal benefit (Loeng: 2020). Visually, the birth of self regulated learning, which developed from the constructivist learning philosophy, can be seen in the following pyramid diagram.

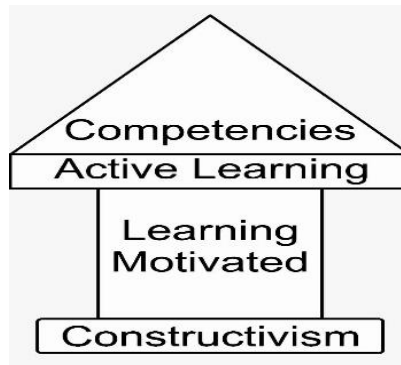
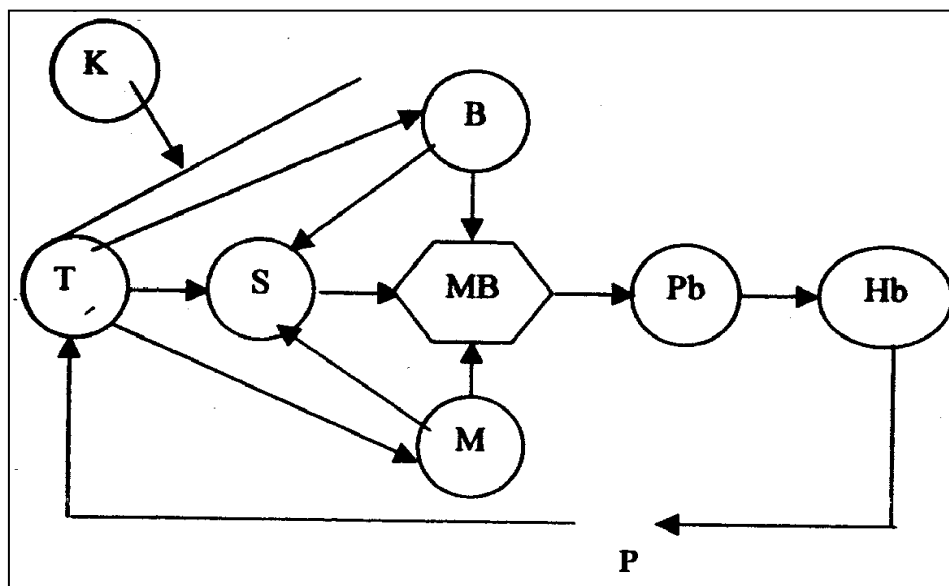


Figure 1: Pyramid of Self Regulated Learning (Mudjiman: 2007)

There are eight elements that must be considered to foster learning motivation: knowledge, needs, abilities, enjoyment, implementation of learning activities, learning outcomes, satisfaction, and personal and environmental characteristics (Mudjiman: 2007). Mudjiman's model is further presented in the following flowchart:



Information

T: knowledge

B: Need

M: Ability

S: Pleasure

Pb : Intruotional practice

Hb: Learning result

P : Satisfaction

K : Personal Characteristic

Figure 2: Flow Chart for Developing Learning Motivation (Mudjiman: 2007)

The phases of self regulated learning can be summarized in the following table.

Table 1: Phases of Self regulated Learning

Steps	Phase Learning Model	Description
1.	Self-Regulating Process	Formulating learning objectives, identifying necessary knowledge/skills, determining learning resources, acknowledging potential difficulties, and determining learning strategies.
2.	Self-Monitoring	Self-control of cognition, motivation, time, effort, persistence, controlling reading speed no matter how difficult the situation, and the awareness to keep moving forward.
3.	Self-Control Activities	Cognitive/metacognitive strategies, motivation, emotional control, and activity regulation to ensure learning activities remain focused.
4.	Reflection or Evaluation	Conducting self-assessment by making decisions/considerations/evaluations of learning outcomes according to established criteria so that students continue to improve.

(adapted from Mudjiman: 2007)

Because the self regulated learning model is considered a model for cultivating character/personality for instilling a work ethic in learning, thus having a mentalistic nuance, it is felt that there is a need for learning assistance from teachers. This learning assistance can be carried out using clinical supervision techniques or strategies. Clinical supervision is popular in the context of teaching at LPTK, namely a professional face-to-face guidance technique for prospective teachers based on their needs immediately after teaching practice (Krajewski in Bafadal, 2003: 65). This guidance is carried out to reduce the gap between actual teaching behavior and ideal teaching behavior so that prospective teachers can innovate better. The term clinical is synonymous with treating sick people who need diagnosis/supervision, to find which aspects are hindering their teaching practice (Suharto: 2017). These inhibiting aspects are then intensively considered as a basis for providing clinical assistance to learners.

The assumptions that are the reasons for the need to carry out clinical supervision are: (1) teaching is a very complex activity that requires serious observation and analysis; (2) prospective teachers want a collegial approach rather than an authoritarian one (Sergiovanni, 1987: 4). Based on these assumptions, clinical supervision is designed as one approach in

providing assistance and guidance to prospective teachers who are practicing teaching. Based on this, the clinical supervision model can be chosen as scaffolding to accompany student learning. Teachers through clinical supervision can act as facilitators, provide examples, help students in developing the skills needed. In order to direct themselves to the future. Based on the understanding above, the steps of clinical supervision in general are as follows.

Tabel 2: Steps of Clinical Supervision

Steps	Steps of Clinical Supervision
1.	Classroom guidance (clinical guidance) and motivation
2.	Individual observation and support of the learning process
3.	Clinical feedback discussion of the learning process and outcomes
4.	Observation and support of the continued learning process

Based on the main problem of this research, an self regulated learning model will be developed by integrating with clinical supervision learning assistance techniques and problem-based learning which is one of the learning models in the 2013 curriculum.

#### METHOD

This study employed a true experiment test design. The study population comprised all second-grade students at SMK Cendikia in Madiun City, with class 11 as the experimental class and control class. Random sampling was used, considering the homogeneity and balance of logical abilities across the classes. Data collection utilized a test technique, with the research instrument being a non-fiction writing product test. Measurement indicators for the assessment rubric included writing structure, organization of ideas, word choice, coherence, and validity of ideas. Instrument validity testing utilized correlation statistics, and data analysis techniques, except for descriptive statistical analysis, also employed a one-factor ANOVA formula to test the hypotheses.

#### RESULTS AND DISCUSSION

From the descriptive analysis, the experimental class obtained the following values: n = 74; minimum value (min) = 76; maximum value (max) = 97; mean (Mn) = 88.20; median (Me) = 88; variance (S2) = 29.26; standard deviation (S) = 5.41; polygon skewness to the left (-0.12); and negative kurtosis (-0.85). Furthermore, with a range of 17, number of class

intervals (k): 7, and interval length (C): 4, the following frequency distribution was obtained:

Table 3: Frequency Distribution of Learning Outcomes in the Control Class

Class Interval	Frequency	Percentage
76 - 79	4	5.41%
80 - 83	10	13.52%
84 -87	22	29.73%
88 - 91	13	17.57%
92 - 95	18	24.32%
96 - 99	7	9.46%
	74	100%

The distribution of the above data can be depicted in histogram and polygon graphs as follows.

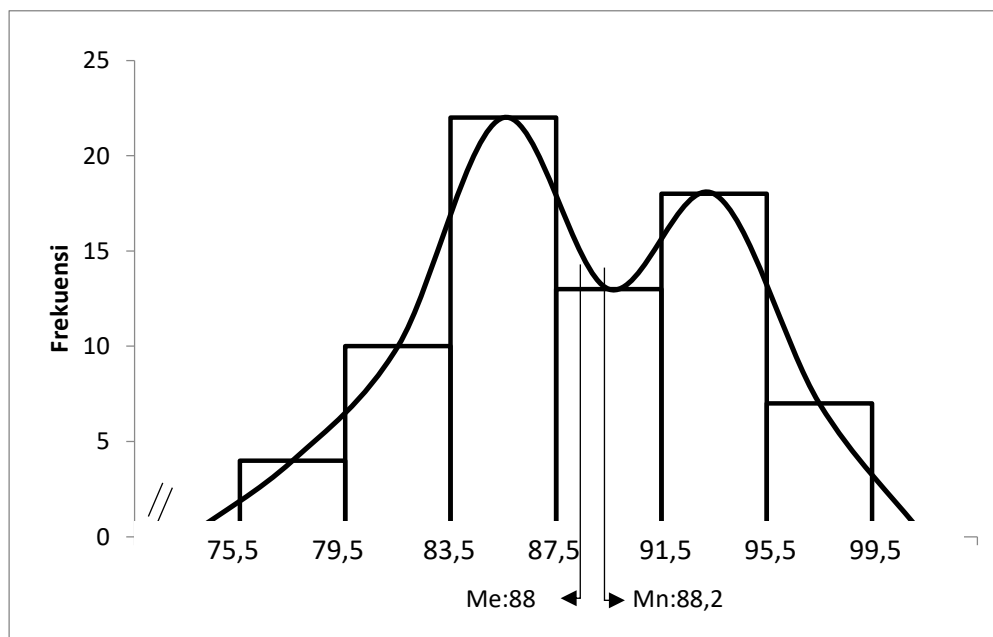


Figure 3: Histogram and Polygon of Learning Outcomes of the Experimental Class

The data from the control class obtained values are: n as many as 52; the lowest value of 66; the highest value of 95; Average of 82.94; Median of 83; Variance of 47.15; Standard deviation of 6.87; skewness to the left (-0.36); and negative kurtosis (-0.44). From the analyzed data, a frequency distribution list was compiled based on Sturges. With range: 29,

k: 7, and c: 5, the frequency distribution was obtained as follows.

Table 4: Frequency Distribution of Learning Outcomes in the Experiment Class

Class Interval	Frequency	Percentage
66 - 70	2	3.85%
71 - 75	5	9.62%
76 - 80	9	17.31%
81 - 85	15	28.85%
86 - 90	13	25.00%
91 - 95	8	15.38%
	52	100%

The distribution of the above data can be depicted in histogram and polygon graphs as follows.

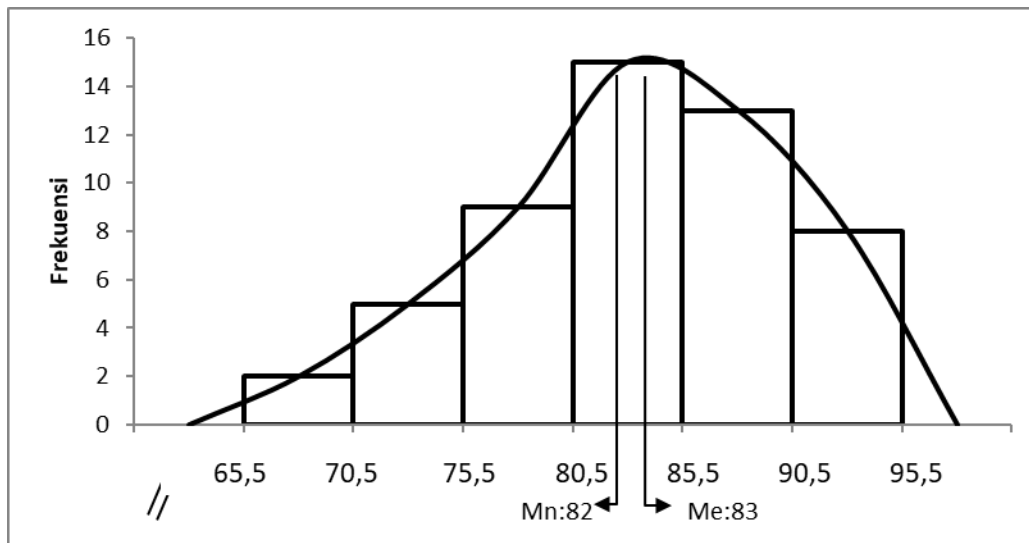


Figure 4: Histogram and Polygon of Learning Outcomes of the Control Class

The condition of the data can be compared between the experimental class and the control class as follows:

		Learning Model	
		Self regulated Learning	Conventional Larning
Learning Outcome	Mn	88.20	82.94

	S	5.41	6.87
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After conducting a hypothesis test with a one-factor ANOVA statistic formula, the calculated F value was 42.08 and a significance value of 0.000. After consulting the significance value with a significance level of 0.05, it was found that the significance value of 0.000 was smaller than 0.05 ( $0.000 < 0.05$ ). From the results of the analysis,  $H_0$  which states that there is no difference in the learning outcomes of students taught with an self regulated learning model based on clinical supervision and students taught with a conventional learning model was rejected, and  $H_1$  which states that there is a difference in the learning outcomes of students taught with an self regulated learning model based on clinical supervision and students taught with a conventional learning model, was accepted. This means that there is a difference in the learning outcomes of students taught with an self regulated learning model based on clinical supervision and students taught with a conventional learning model. The above facts conclude that: The self regulated learning model based on clinical supervision is effective for learning to write non-fiction and for learning in schools in general.

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