

CREATING A CULTURALLY RELEVANT CURRICULUM: THE CASE FROM CROATIA**Vilko Petrić, Sunčica Bartoluci and Dario Novak***Faculty of Kinesiology, University of Zagreb**Original scientific paper***Abstract**

The aim of the study was to determine differences between existing curricula with previously curricula of physical and health education of compulsory education in the Republic of Croatia. The analysis included curricular objectives, outcomes and teaching contents. Sample of variables consisted of Curriculum for Primary Schools – Physical and Health Field published in 1984; Curriculum for Primary Schools – Physical and Health Field, published in 1999 and the currently valid Curriculum for Primary Schools – Physical and Health Education, published in 2006., the so-called HNOS. The differences in settings within or between individual curricula were tested by the Chi-Square test at a significance level of 0,05 %. Results showed that curricula objectives from 1984 and 1999 were identical, while in 2006, they were focused on sports training and quality of life. Also, in 1984 and 1999, curricula were oriented towards kinanthropological guidelines ($p=0,77$), while in 2006, primary on skill and knowledge guidelines and social and emotional guidelines ($p=0,00$). Talking about motor knowledge, specific motor knowledge were increased almost 50% from curricula in 1999 to 2006. It can be concluded that the outcomes do not serve the objective nor do the teaching contents serve the outcomes. The physical and health education teaching through compulsory education should become an effective means of preventing risks associated with modern way of living. Through targeted set curricula and the compulsory education system, it is possible to induce the change of the dominant social paradigm.

Key words: *objectives, outcomes, competencies, curriculum*

Introduction

The problem of physical inactivity and excessive body mass is a current issue today. Obesity has challenged for scientists all over the world (Petrić et al., 2012). It is a significant risk factor and cause of certain diseases (World Health Organization, 2014). The constant increase in overweight among children and inactivity are particularly concerning and has become a negative trend (Currie et al., 2012). This physical inactivity may be combatted, however, by the use of physical education class that can have both physical and social benefits (Scambler, 2007). This is the reason why the physical and health education classes can and must play a very important role in preventing and combating these problems. Physical and health education starts in the preschool age, and in primary school, it is obligatory for all pupils. Through physical education, there can be a promotion of healthy lifestyle, and also a controlled process of physical exercises. In Croatia of physical activity through physical education classes range from 11 to 15 years, depending on the type of secondary school the child will enrol (Ministry of Science, Education and Sports). The Croatian school system functions as a centralized education system (Recommended Annual Taught Time in Full-time Compulsory Education in Europe 2012/2013). The Ministry of Science, Education and Sports structures the National Curriculum for all school subjects, and the schools are required to conduct classes according to it. Through a national curriculum for physical and health education may proactively guide students in a positive direction, in terms of physical activity and health. These standards in physical activity can influence

outcomes and teaching contents within the education system should be directed toward improving health and promoting active lifestyle. Despite major social changes in Croatia in recent years, the subject curricula in physical and health education have been changed only twice from 1984 until today. As these changes are over 20 years old, it is questionable if these guidelines have ever followed the needs of the modern society. At the time of the preparation of the new curricula in 1999 and 2006, as well as after it, no relevant analyses of the previously valid curricula had been made (Novak et al., 2013). Thorough analysis of all the previous curricula in order to determine their negative and positive values which we need to know and consider as much as possible when designing the new curriculum. This study could be of utmost importance for the upcoming Government project and the creation of the new curriculum of physical and health education. Namely, this paper will analyse on what grounds the new curriculum should be designed. An overview of recent studies in the past few years indicates an increase in number of scientific papers that have analysed curricula related to the field of education (Thompson and Harbaugh, 2013; Macedo, 2012; Tura, 2012; Fiore et al., 2012; Fenwick, 2012; Martinez et al., 2012; Sun et al., 2012; etc.). The studies related to curricula of medical studies are important to emphasize. (Scheffer et al., 2012; Coates et al., 2012; Kiuchi et al., 2013; Nalliah et al., 2014; Flores and Ganz, 2014; Michaud, 2012; Lee et al., 2012; Al-Iela et al., 2012; Davies and Elhassan, 2012.). They significantly affect the quality of curricular contents,

both in medicine and in other fields, and their value should be considered almost inestimable (Milner, 2014; Lynch, 2014). For this reason, curricula are increasingly subjects of research also in other fields such as chemistry, mathematics, geography, linguistics etc. (Jitendra et al., 2014; Herrington and Yeziarski, 2014; Gao and Wang, 2014; McKercher et al., 2014; Keller-Margulis et al., 2012; Baldwin, 2012; etc.). Such research in education contribute significantly to improving the quality of teaching, since the implementation of a curriculum can directly affect objectives, and outcomes in various settings (Ennis, 2013; Venance et al., 2014; Mo et al., 2014). Progressing this examination of curricula The GoFPEP (Global Forum for Physical Education Pedagogy), a leading social movement in the field of physical education, emphasized during their annual meeting in 2014 that a major goal for physical education and sport community in the future is to discover, identify and reveal best practice in health, physical education and sport curricula (Edginton, Chin, de Ridder, et al., 2014). Therefore, the aim of this study was the analysis of curricular objectives, outcomes and teaching contents of previously published curricula of physical and health education of compulsory education in the Republic of Croatia. This analysis is to determine the differences between the existing curricula. The obtained data will be compared with the results and findings of former achievements of kinesiology in order to lay the foundations for future studies and the development of a new physical and health education curriculum.

Methods

Sample of variables

In order to define the sample of the research, we searched in the databases of the library of the Faculty of Kinesiology, Education and Teacher Training Agency, which operates within the Ministry of Science, Education and Sports. Seven curricula of physical and health education were found altogether. Based on the criteria of being published in official publications, four curricula were singled out. The next step in the analysis was to select only those relating to compulsory education. After a careful analysis, three curricula were singled out, as follows: 1. *Curriculum for Primary Schools – Physical and Health Field*, published in 'Journal of the Republic Committee for Education, Culture, Physical and Technical Education of the Socialist Republic of Croatia', in Zagreb, March 13th 1984; 2. *Curriculum for Primary Schools – Physical and Health Field*, published in 'Educational Journal', special edition (number 2), in Zagreb, June 1999 and 3. The currently valid *Curriculum for Primary Schools – Physical and Health Education*, published in 'Croatian National Educational Standard', in Zagreb, August 2006 the so-called HNOS. In order to realize the objectives of the research, the content analyses and discourse analyses of the above-mentioned curricula were carried out. As a way of applying the content analysis, Halmi (2005) also stated the monitoring of the education system, referring to determining orientations by analysing school

records and publications. Discourse analysis was the name for many different approaches to the study of texts or some other empirical material and it has evolved from various theoretical traditions and disciplinary fields. (Halmi et al., 2004). With this method, we analysed the prevailing discourse in the three mentioned curricula in order to gain a deeper insight about what and how children learn during physical and health education classes. We also analysed what can be used as a template for changes in the new curriculum, of which the making is still to come. In this study, we were interested in the frequency of occurrence of certain variables (categories i.e. expressions) in a particular curriculum as a unit of analysis, as well as the changes in the content within a specific period of time. We conducted categorising and coding. The coding scheme was made according to three categories: a) programme objectives, b) programme outcomes and c) teaching contents. Two experts in the field of physical education and sport pedagogy were consulted to verify the accuracy of the coding scheme. Based on the above-mentioned settings, we singled out the objective of each programme. Furthermore, we classified the outcomes by operating guidelines into sub-codes: *skills and knowledge, kinanthropological and social and emotional outcomes* (Neljak, 2012; Findak, 2003). The *skills and knowledge outcomes* are those relating to *assuming theoretical and motor knowledge. The kinanthropological guidelines* comprise *the transformation of morphological characteristics* and motor and functional skills (*physical and aerobic fitness*). The *social and emotional guidelines* comprise the programme outcomes related to *creation of a system of positive attitudes towards physical exercise*. The teaching contents in all programmes are based on motor knowledge. Therefore, we classified the teaching contents by type of kinesiological motor knowledge into *adapted, general and specific* knowledge (Neljak, 2012). It can be said that the *adapted knowledge* is in fact intentionally aggravated biotic knowledge like e.g.: jumping to an elevation, climbing a rope ladder, running up and down the slope etc. The general kinesiological motor knowledge is usually applied with the purpose of immediate development of specific motor abilities such as: throwing a medicine ball to develop explosive strength, skipping of the rope to develop speed and coordination. The *specific* motor kinesiological knowledge includes elements of techniques of a specific sport like the low start in athletics, the jump serve in volleyball, the jump shot in handball etc.

Data analysis

In this study, we carried out the qualitative content analysis and the discourse analysis. Thus, the programme outcomes and teaching contents are divided into corresponding categories and we used quantitative indicators to present them, so they are shown in percentages. The differences in settings within or between individual curricula were tested by the Chi-Square test at a significance level of 0,05 %.

Result

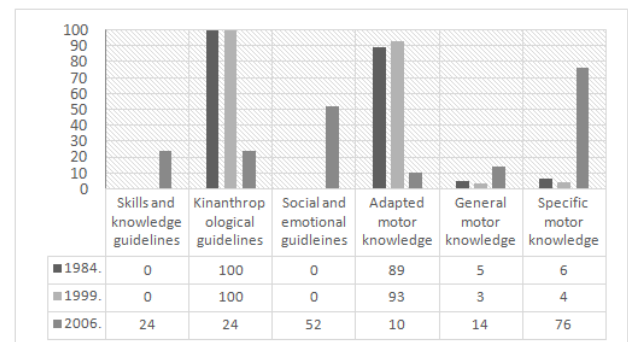
Each analysed curriculum has a unique set of objectives for the specific programme. The programme outcomes and program teaching contents are set in accordance to the development stages of children and young people (HNOS). Therefore, in the observed programmes, we differentiate between the following stages of development: the *first (schoolchild period)*, which includes the first three grades of elementary schooling; the *second (pre-puberty)* from fourth to sixth grade; and the *third (puberty)* 7th and 8th grade of elementary schooling. Accordingly, the results are presented below.

Table 1. Cited objectives of the physical and health education curriculum

<p>Curriculum for Primary Schools– Physical and Health Field (1984)</p> <p>‘To meet biosocial human needs for movement as an expression of satisfying certain needs that increase adaptive and creative abilities in contemporary conditions of life and work. Furthermore, to develop the health culture of students to preserve and improve their own health and the health of the environment.’</p>
<p>Curriculum for Primary Schools – Physical and Health Education (1999)</p> <p>‘To meet biosocial human needs for movement as an expression of satisfying certain needs that increase adaptive and creative abilities in contemporary conditions of life and work. Furthermore, to develop the health culture of students to preserve and improve their own health and the health of the environment.’</p>
<p>Curriculum for Primary Schools – Physical and Health Education (2006)</p> <p>‘To enable the students apply the theoretical and motor knowledge that enables independent physical exercise for a better quality of life. At the same time, it effectively changes the characteristics and develops skills, which directly ensure health promotion as an irreplaceable factor of all human activities.’</p>

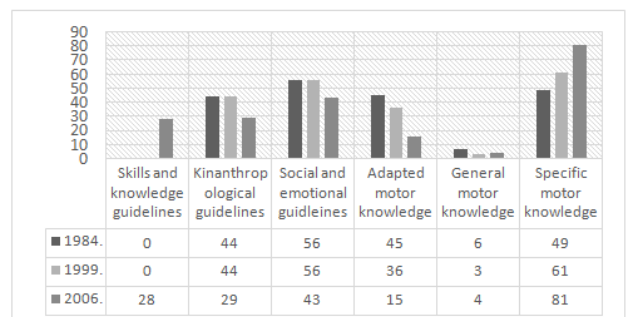
In table 1, we quoted the objectives of the physical and health education curriculum. It can be noted that the objectives of the 1984 and 1999 curricula are identical. They are aimed at meeting psychosocial needs of men (children) for movement that should contribute to the development of skills that were essential at that period. In the 2006 curriculum, the emphasis is set on training students to apply the acquired knowledge, which should contribute to independent physical exercise and eventually increase the quality of life. One can also see that all the three curricula are aimed to have

influence on the promotion, preservation and improvement of health. In the third stage of development, it can be seen (*Graph 1*) that the programme outcomes of the 1984 and 1999 curricula are directed toward the kinanthropological directive only. Moreover, in the above programmes, there is not a single outcome focused on both the social and emotional segment. The teaching contents are represented by approximately 90% with adapted motor knowledge. In the 2006 curriculum, the skills and knowledge and kinanthropological outcomes are equally represented, while more than 50% occupy the social and emotional outcomes. Almost 80% of teaching contents belong to specific motor knowledge.



Graph1. The orientation percentages of programme outcomes and the shares of specific programme contents in the third stage of development.

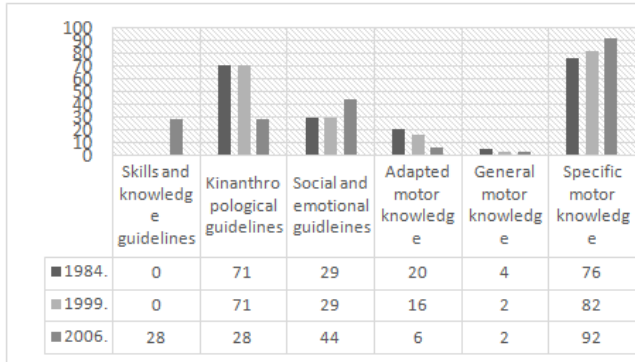
By analysing the fourth stage of development (*Graph 2*), it can be noted that in the 1984 and 1999 curricula, the skills and knowledge programme outcomes were also not included, while the kinanthropological and social and emotional were almost equal. Specific motor skills prevailed in teaching contents. In the curriculum from 2006, there are almost no changes compared to the previous development stage. The social and emotional outcomes are still prevailing and the specific motor knowledge represents more than 80% in teaching contents.



Graph 2. The orientation percentages of programme outcomes and the shares of specific programme contents in the fourth stage of development.

The fifth stage of development (*Graph 3*) indicates a repeated domination of kinanthropological outcomes with more than 70% and still 0% of skills

and knowledge outcomes in the 1984 and 1999 curricula. In teaching contents, specific motor skills have prevailed entirely with a share of more than 80%. Like in the previous two development stages, the programme outcomes in the 2006 curriculum are almost identical and in the teaching contents, the percentage of specific motor skills is still increasing and their share is here over 90%.



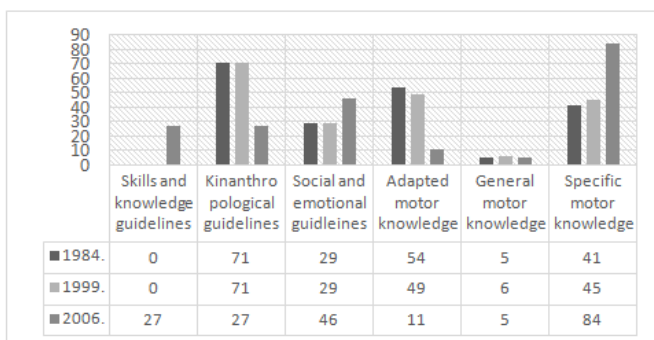
Graph 3. The orientation percentages of programme outcomes and the shares of specific programme contents in the sixth stage of development

On examining the total values (Graph 4) of the analysed curricula of physical and health education, it is clear that not a single skills and knowledge outcome was included in the 1984 and 1999 curricula and that an absolute domination of kinanthropological outcomes with more than 70% of share in the programme was present.

The adapted and specific motor skills and knowledge have an almost equal share of approximately 50%.

In the 2006 programme, the social and emotional outcomes are prevailing with a share of almost 50% and the skills and knowledge and kinanthropological outcomes equally, with the domination of specific motor skills.

In all analysed curricula, there is only 5% of general motor skills.



Graph 4. Total orientation percentages of programme outcomes and shares of particular programme contents

Table 2.

Results of the differences in programme outcomes between analysed curricula

	1984	1999	2006	chi-square	p-value
Skills and Knowledge	0	0	18	/	/
Kinanthropological	22	22	18	0,51	0,77
Social and emotional	9	9	31	19,75	0,00

Table 3. Results of the differences in types of teaching contents between analysed curricula

	1984	1999	2006	chi-square	p-value
Adapted	165	152	18	118,61	0,00
General	15	19	8	4,43	0,12
Specific	124	137	140	1,08	0,58

It can be concluded that, regarding the outcomes, the 1984 and 1999 curricula are significantly oriented towards kinanthropology and less than by a third towards social and emotional no focus on skills and knowledge outcomes. Regarding teaching contents, the adapted and specific motor knowledge have equal shares and the general motoric knowledge a very small – 5%. In the 2006 curriculum, the presence of social and emotional outcomes stands out with almost 50%, as well as the dominance of specific motor skills in all stages of development that were analysed in this study.

The results of the differences between the analysed programmes in outcomes (Table 2) indicate that the 2006 curriculum significantly differs from the previous 1984 and 1999 curricula with regard to frequency of the skills and knowledge, as well as, the social and emotional outcomes. As far as the kinanthropological outcomes are concerned, there is no significant difference as these outcomes are equally represented. Regarding the types of teaching contents between the analysed curricula (Table 3), there are significant differences only in respect to adapted motor skills. There are no significant differences in respect to general and specific knowledge.

Discussion

The content analysis and the discourse of analysis indicate a significant orientation of all examined curricula towards positive transformation of anthropometrical features as well as motor and functional abilities. The consistency between programmes regarding the kinanthropological guideline can be confirmed by the absence of significant difference. This fact can be partly explained by certain historical events in this region. In times of the former state (Yugoslavia), the physical and health education teaching was of strategic importance (Čustonja, 2004). Namely, its purpose was to introduce and prepare young people for military service and serving the country. In those times, the development of motor and functional abilities was especially fostered, which

can be also confirmed by the results of the 1984, but also the 1999 curriculum in some analysed periods of development with 100% outcomes with kinanthropological orientation. The current 2006 curriculum has retained an almost equal orientation of these outcomes. Another reason for emphasizing the kinanthropological outcomes is the attempt to implement the principles of sports training in the teaching physical and health education in the Republic of Croatia and, by this, many students who are not used to competitions and purely competitive contents reject any kind of physical activity (Novak et al., 2014). The Republic of Croatia is the only state in the European Community with eight years of compulsory education, while in other member states, it lasts between nine and twelve years (Recommended Annual Taught Time in Full-time Compulsory Education in Europe 2012/2013). In accordance with the previously mentioned annual report of the European Commission for Education, the overall taught time of the obligatory physical and health education classes (all eight years together) is also one of the most modest with just 502 teaching hours, which makes an average of 1.5 hour (90 minutes) per week. The objectives set in the analysed physical and health education curricula indicate that, through the teaching process, we can meet all the students' psychosocial needs for movement. This may significantly develop the students' abilities, directly affect their health and train them to achieve. Based on our analysis, we can say that the curricular objectives are overambitious, especially if we know that their realization requires (a minimum of) 60-minute of physical exercise of moderate intensity daily or 420 minutes per week (WHO, 2014). Although the mentioned objectives would be the best possible outcome of the teaching process, they should be set realistically, in accordance with the possibilities at our disposal (for example, with respect to the available taught time or the duration of the school year). The fact that we are a European country at the bottom of the scale given the number of physical and health education taught time during education is alarming. Previous studies indicate that a significant transformation of the anthropological system can be achieved with three controlled stimuli weekly already (Novak et al., 2014). State authorities should understand these findings as an opportunity to implement school reform and increase the number of teaching hours of physical and health education to at least 135 minutes a week. Thus, contributing to the improvement of the health status of the entire population. The vast majority of European countries have recognized this in the recent years (led by France) and set the compulsory physical and health education teaching as a priority above all political interests (Recommended Annual Taught Time in Full-time Compulsory Education in Europe 2012/2013). This is especially noticeable through the diagnostic of kinanthropological features in the school system, the purpose of which is to gain insight into the students' general fitness condition. The kinanthropological features of students are one

of the key foundations of the detailed planning and programming of the teaching process in this field (Neljak, 2013; Findak, 2003). Namely, the students' results obtained with a specific battery of tests to assess the corresponding standard values. These tests were taken into during the development of the detailed planning and programming of physical and health education. The role of a sports training aims to adopt and perfect the technique of a particular motor skills. The authors believe that the compulsory physical and health education teaching should not be a "copy" of a sports training. The studies so far indicate that the aforementioned is a wrong approach to physical and health education teaching and it is recommended to evaluate the kinanthropological features within the school system only for the purpose of health (Faigenbaum, 2009). Precisely because the approach including diagnostics of kinanthropological features only for health evaluation when it comes to physical and health education teaching is scientifically justified, almost the whole America and Europe have begun to implement it for this purpose (Pate et al., 2013; Ruiz et al., 2011). Studies also indicate that the above-mentioned approach has been developed for many years and that many scientists have been trying to define the optimal battery of tests in order to standardize the diagnostics of anthropological features to compare the results between countries (Cvejić et al., 2013). Furthermore, one can rightly ask whether we can really have a significant impact on the effective change of kinanthropological features of students with the current model of compulsory classes of only 90 minutes a week. In order to have a significant impact on the change of almost all students', it is necessary to have physical activity longer than 90 minutes per week, and to implement predominantly contents related to general motor skills (Baquet, 2003). These skills are essential for lifelong physical activity, and represent the basis of physical literacy (UNESCO, 2015). The results of this research indicate that, in all the analysed curricula, only 5% of teaching contents belong to general motor skills with very modest energy consumption (Neljak, 2002). It can be said that the teaching contents are not set up as to contribute to the realization of the outcomes in the analysed curricula. Previous studies indicate that, with regard to material working conditions in the school system, the current curricular teaching contents are fully impracticable in more than 90% of schools. (Novak et al., 2014). These data are the evidence that this important factor has not been given enough significance. In the future, it is necessary to find the way to align curricular teaching contents with material conditions of each single school in the Republic of Croatia. Thus, we will be able to use the maximum potential of ascertain area and of that, what a school offers (e.g. specific sports facilities like bowling (*boccia*) courts) and all with the purpose of achieving the set curricular outcomes. In the new curriculum, it is also extremely important to provide a model, which will allow the implementation of new physical activities and sports as well as other kinesiologica

contents that science considers significant for specific current needs of students at any time. In the 1984 and 1999 curricula, skills and knowledge outcomes that share social and emotional are very small. However, the current 2006 curriculum the skills and knowledge orientation has been equalized with the social and emotional with almost 50% of the total share of the outcomes. Based on the results of this research, it can be said that in 2006 the social and emotional component in the currently valid curriculum has been recognized as extremely important in the physical and health education teaching. Teaching contents should be a means for fulfilment of objectives and outcomes (Findak, 2003). We can say that a significantly different approach to the physical and health education is evident in 2006, but it is still insufficient.

The stronghold for creation of a physical and health education curriculum must be based on scientific knowledge in order to choose, appropriate and necessary teaching contents on the basis of kinesiology achievements in education (Findak, 2003). In this paper it has been clearly demonstrated that the analysed programmes are not in line with scientific achievements of kinesiology so far, nor with meeting the needs of modern lifestyle.

However, the three analysed curricula in this study represent the result of thirty years of work, of which the current has been valid since 2006. It would be naïve to believe that, in these times of constant change and development, the actual curriculum is still in line with the achievements of kinesiology, the current needs of students, and the demands of modern life etc.

Namely, we have seen that the previous curricula have been highly inflexible and even demotivating in some parts of the curriculum (Novak et al., 2014).

The studies so far indicate that a curriculum must meet the requirement of flexibility i.e. possibility to enter constant corrections and, to a certain degree, to modify predefined parameters (UNESCO, 2015). Only a programme that can follow global trends and current scientific achievements can meet the needs of children and young people (Novak et al., 2014). This fact certainly largely explains why the results are not in line with actual scientific knowledge.

All the above indicates that it would be of utmost importance for this field to focus further studies on qualitative and, if necessary, on quantitative analyses of each segment (objectives, outcomes, teaching contents) separately. In this way, we could set up a scientific basis for defining the actual criteria and determining them. It is evident that, when it comes to compulsory physical and health education teaching in the Republic of Croatia, a change of paradigm is necessary.

Conclusion

After a careful analysis of the results and the discussion, it can be concluded that the outcomes do not serve the objective nor do the teaching contents serve the outcomes.

The objective is inconsistent with the recommendations of the World Health Organisation and it is unrealistically set in relation to the available taught time of obligatory physical and health education classes, which is also among the most modest in Europe. The orientation of the outcomes toward work guidelines in the physical and health education field is not equally represented and, since 1984, only the kinanthropological orientation has kept the same level.

The scientific achievements in the field of education so far sustain only the diagnostics of kinanthropological features with the purpose of assessing health, which is contrary to the approach imposed by the analysed curricula.

The types of teaching contents are represented on a large scale and there is a lack of contents that are highly important for the development of a healthy and physically active person.

Although the analysis reveals many shortcomings of the currently valid curriculum, it is still significantly different from the previous ones. We can conclude that the year 2006 was the beginning of the development of a better and more contemporary approach to physical and health education teaching, which would be good to improve in the forthcoming reform of the school system and the development of a new curriculum.

Since we live in times of major scientific progress and rapid social changes, this can be achieved only under the condition of ensuring the possibility of permanent interventions and corrections in certain segments of the curriculum.

In such case, the teaching could serve the real needs of students and encourage physical activity to promote health, healthy lifestyle and to motivate individuals with greater affinity to practice sport.

The curriculum should enable continuous alignment with scientific accomplishments and actual current needs of students. The physical and health education teaching through compulsory education should become an effective means of preventing risks associated with modern way of living. Through targeted set curricula and the compulsory education system, it is possible to induce the change of the dominant social paradigm. In this way, an active way of life, movement, as well as the knowledge of possibilities of one's own contribution to a healthy lifestyle could become a part of the culture of living. Beside individual effects, these activities would be of great importance for the society as a whole.

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STVARANJE KULTUROLOŠKI VAŽNOG NASTAVNOG PLANA: SLUČAJ IZ HRVATSKE**Sažetak**

Cilj ovog istraživanja bio je odrediti razlike između postojećih nastavnih planova s prethodnim nastavnim planovima tjelesnog i zdravstvenog odgoja obaveznog obrazovanja u Republici Hrvatskoj. Analiza je uključivala ciljeve nastavnog plana, ishode i nastavne sadržaje. Uzorak varijabli se sastojao od Nastavnog plana za osnovne škole - tjelesno i zdravstveno područje, objavljenog u 1984; Nastavnog plana za osnovne škole - tjelesno i zdravstveno područje, objavljenog u 1999 i trenutno važećeg Nastavnog plana za osnovne škole - tjelesno i zdravstveno područje, objavljenog u 2006., takozvani HNOS. Razlike u postavkama unutar ili između pojedinih nastavnih planova testirane su hi-kvadrat testom na razini značajnosti od 0,05%. Rezultati su pokazali da su ciljevi nastavnih planova iz 1984. i 1999. bili identični, dok je u 2006. postojao fokus na sportski trening i kvalitetu života. Također, u 1984. i 1999., nastavni planovi su bili orijentirani prema kinantropološkim smjernicama ($p=0,77$), dok u 2006. primarno na vještine, smjernice znanja te socijalne i emocionalne smjernice ($p=0,00$). Govoreći o motoričkim znanjima, specifično motoričko znanje se povećalo za gotovo 50% od nastavnih planova u 1999. do 2006. Može se zaključiti da ishodi ne služe cilju niti nastavni sadržaji služe ishodima. Nastava tjelesnog i zdravstvenog odgoja kroz obavezno obrazovanje trebala bi postati efektivan način za prevenciju rizika povezanih s modernim načinom života. Kroz ciljani skup nastavnih planova i obaveznog obrazovnog sustava moguće je potaknuti promjenu dominantnog društvenog primjera.

Ključne riječi: *ciljevi, ishodi, kompetencije, nastavni plan*

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