Educator Guide to the PCC4U 2026 *University Curriculum*

PCC4U PALLIATIVE CARE CURRICULUM FOR UNDERGRADUATES

Overview

The design of the PCC4U 2026 *University Curriculum* represents a significant evolution from the previous structure, moving beyond the traditional separation of core modules and focus topics with embedded case scenarios, towards four Core Modules (with 17 *Activities)* and five *Case Scenarios*. This addresses the need for a more integrated and flexible curriculum, where palliative care capabilities are presented as interconnected components of practice. The activity-based model ensures that critical themes, such as communication, collaboration, ethics, cultural safety and diverse population needs, are embedded throughout the learning journey, fostering a more intuitive grasp of person and family-centered care within the Australian healthcare context. An overview of the Core Modules is provided here:

Module	Focus	Key Topics	Learning Hours
Module 1: Introduction to palliative care	Introduces the principles, philosophy and context of palliative care, while encouraging learners to develop self-awareness and strategies for self-care.	Understanding palliative care | Values and principles | Self-awareness | Self-care and wellbeing	**2 hrs**
Module 2: Person and family-centred palliative care	Develops knowledge and skills in person- and family-centred communication, collaborative practice and multidisciplinary models of care.	Illness trajectories | Person- and family-centred care | Communication | Collaborative practice	**3 hrs**
Module 3: Providing a palliative approach to care	Explores holistic assessment and care for people with life-limiting illness, including symptom management, end-of-life care, grief, ethics and legislation.	Symptom management | End-of-life care | Grief and bereavement | Ethics and legislation	**3 hrs**
Module 4: Equity, access and advocacy	Examines equitable access to palliative care and culturally-responsive practice with diverse populations across a range of care settings.	Access and advocacy | Aboriginal and Torres Strait Islander peoples | Diverse communities | Paediatric palliative care | Palliative aged care	**3 hrs**

This document provides the necessary mapping, analysis, and implementation guidance to support educators in seamlessly updating teaching materials to incorporate these new resources. The mapping table in Appendix 1 supports educators using existing curriculum content to embed the 2026 Curriculum into their learning programs.

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Summary of Updates

The 2026 University Curriculum reflects the importance of aligning curriculum content with the *Palliative Care Capability Framework*, contemporary community values and expectations, and the evolving legal landscape. These updates are essential for promoting the palliative care capabilities of graduates in real-world health, disability and aged care environments.

Updates	Impacts
Strengthened multidisciplinary content Activities 2.3, 3.1, 3.2	The curriculum integrates the goal of optimising physical and social function (previously a standalone module) directly into the holistic and quality-of-life frameworks in the new activities. While Activity 2.3 focuses on collaborative processes and communication within the multidisciplinary team, functional goals of care are now embedded in Activity 3.1 and 3.2. This shift emphasises the core purpose of multidisciplinary collaboration in providing holistic support that addresses a person's functional needs to optimise quality of life for them and their family.
Diversity and inclusion Activities 4.1 – 4.6	The curriculum explicitly includes approaches to palliative care for older people, LGBTIQA+ people and communities, individuals in correctional facilities, and people living with disabilities, while maintaining strong inclusion of cultural considerations for Aboriginal and Torres Strait Islander peoples and paediatric palliative care. This expansion is designed to meet National Standards by requiring learners to move from "awareness" to "inclusive practice" and promotes health equity by addressing the specific barriers and enablers that support access for each of these groups.
Legal and ethical frameworks Activities 3.4, 3.5	The introduction of standalone activities for ethics and legislation is a response to the increasing complexity of advance care planning and end-of-life decision-making. Most significantly, the inclusion of Voluntary Assisted Dying (VAD) is now a professional requirement. This supports educators in the need to emphasise health students' need to understand specific state and territory responsibilities and legal obligations, as VAD is now an integrated part of the Australian healthcare landscape.
Communication Activities 2.2, 2.3, 4.3, 4.5	Communication content has undergone a substantial expansion in the 2026 University Curriculum, primarily centered in Activity 2.2. This expanded content moves beyond general supportive techniques to focus on empathy, inclusive communication, and the skills required for responding to challenging questions. Additionally, the curriculum now provides detailed guidance on critical clinical interactions, such as delivering distressing news, facilitating goals of care conversations and conducting family meetings. Essential communication strategies are further reinforced in specialised contexts, including communicating within the multidisciplinary team, communicating with children, and providing culturally-responsive communication for Aboriginal and Torres Strait Islander peoples.
Case Scenarios Refer to: Appendix 2 for more information	Five standalone case scenarios provide practical context for the theoretical learning activities. These scenarios are designed to bridge the gap between *knowing* and *doing* and underscore the importance of *being*, while highlighting the specific roles of various healthcare disciplines in providing palliative care. • Case scenarios are presented in interactive online activities with story summaries and reflection questions embedded within the activities. Individual videos for each case scenario are also available on the project Vimeo channel. • Additional resources are provided for Educators to support simulation learning and assessment processes.

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Using the PCC4U University Curriculum

The 'building-blocks' approach to curriculum design allows Educators to scale and scaffold content to suit a variety of learning approaches, disciplines and timeframes.

- **Individual self-directed learning**: Each activity contains structured content that students can work through independently, with knowledge checks, reflection activities, practice tips and further resources embedded throughout. Reflections can be recorded in the workbook (Core Modules) or within activities (Case Scenarios) and can be saved or printed, allowing for inclusion in assessments.
- **Group presentation and discussion**: Educators can present the learning content using the online modules, incorporating knowledge checks and reflection activities into group discussions around the learning content.
- **Case scenarios**: The five standalone case scenario activities are presented within interactive learning modules that can be used for self-directed learning or for presentation. Simulation resources and sample assessments align with case scenario content. A summary of the individual case scenarios is provided in Appendix 2 and suggestions for application to the various health disciplines in Appendix 3.
- **Simulation-based learning**: Each case scenario has a set of suggested 'Simulation Stations' to support development of 'doing' capabilities - communication, symptom assessment and management, and inclusive, collaborative care.
- **Assessments**: Sample assessments are provided for a reflective journal, problem-based learning activity and OSCA. These suggested assessment approaches can support learners in demonstrating knowledge, skills, and professional practice in palliative care. They are designed to be flexible and can be adapted to suit the specific teaching context, discipline, and level of study.
- **Learning plans**: several suggested plans are provided in Appendix 4 to enable implementation of curriculum content across a range of timeframes, ranging from one-hour to multiple-week options.
- **Discipline-specific curriculum mapping**: individual *Curriculum Guides* are available for each health discipline to highlight how PCC4U resources align with discipline-specific standards, codes and guidelines. These are available in the Educator Resources section of the course materials.

Appendix 1: PCC4U Curriculum Mapping – 2020 to 2026

2020 Module / Section	2026 Activities	Mapping Note
Core Module 1, Section 1: *Dying and death*	Activity 1.1, 1.2, 2.2	Transitions from societal context to deep development of self-awareness.
Core Module 1, Section 2: *Caring for people*	Activity 1.1, 2.1	Links fundamental palliative care understanding with the background of person and family-centred care.
Core Module 1, Section 3: *Quality palliative care*	Activity 1.1, 4.1	Maps National Standards to evidence-based care and ongoing education. Focus on enabling access to palliative care.
Core Module 2, Section 1: *Experiencing diagnosis*	Activity 2.1, 2.2	Focuses on diverse illness trajectories and the unique experiences of the individual and supportive communication.
Core Module 2, Section 2: *Communication*	Activity 2.2	Expanded content focusing on empathy, inclusive communication, challenging questions, goals of care, and family meetings.
Core Module 2, Section 3: *Communicating with children*	Activity 3.3 & 4.5	Included in supporting people who are grieving. Dedicated activity on palliative care for babies, children, and young people.
Core Module 2, Section 4: *Person-centred support*	Activity 1.1, 2.1, 2.2 & 3.1	Background to person and family-centred care; models of palliative care; incorporated into symptom assessment and management.
Core Module 2, Section 5: *Spiritual dimensions of care*	Activity 2.2 & 3.1	Integrated into communication and holistic symptom assessment and management.
Core Module 2, Section 6: *End-of-life care*	Activity 3.2 & 3.3	Aligns end-of-life care with after death care and grief and bereavement support.
Core Module 2, Section 7: *Self-care*	Activity 1.2 & 1.3	Expanded focus on developing self-awareness, self-care and supporting others.
Core Module 3, Sections 1-4: *Assessment and symptom management (pain)*	Activity 3.1 & 3.2	Consolidated into comprehensive, holistic symptom assessment and management; end-of-life symptom management
Core Module 4, Section 3: *Optimising function*	Activity 3.1 & 3.2	Integrated into holistic care; end-of-life medications and deprescribing content added
Core Module 4, Section 4: *Communities and carers*	Activity 2.2, 3.1 & 3.3	Links family-centred care principles with support for family carers, and others who are grieving.
Topic 1, Sections 1-3: *Multidisciplinary care*	Activity 2.3	Focuses on collaborative, integrated models of care, team communication and escalation. Multidisciplinary focus is integrated throughout content.
Topic 2, Sections 1-6: *Australian Indigenous peoples and palliative care*	Activity 4.1, 4.3 & 2.2	Barriers and enablers to palliative care, systemic racism, culturally-responsive palliative care and inclusive communication. Specific focus on Aboriginal and Torres Strait Islander palliative care.
Topic 3, Section 1-3: *Caring for children*	Activity 4.5	Dedicated activity for the needs and resources of younger populations.
Topic 4, Section 1-4: *Culture-centred care*	Activity 4.1, 4.2 & 4.4	Expanded into diverse community inclusion, enabling strategies and advocacy.

Appendix 2: Case Scenario Summaries

Case Scenario	Overview	Themes	Learning Resources
Uncle Chatty's Story [True Story]	Uncle Chatty, an Aboriginal man living with motor neurone disease (MND) tells his palliative care story. As his illness progresses, students explore the impact of culture, family and community on his care, with a focus on culturally responsive, holistic palliative care and equitable access to services.	• Motor neurone disease (MND) • Cultural safety & responsiveness • Holistic palliative care • Access to palliative care • Family and community partnerships	• Videos • Learning Activity • Simulation Stations • Sample Assessment: PBL Activity
Miriam's Story	Miriam is living with end-stage COPD in assisted living. Following an acute deterioration, students explore inclusive, collaborative and trauma-informed palliative care while supporting communication, shared decision-making and quality of life.	• End-stage COPD • Trauma-informed care • Shared decision-making • Collaborative care • End-of-life care	• Videos • Learning Activity • Simulation Stations • Sample Assessment: PBL Activity • Sample Assessment: OSCA
Zander's Story	Zander is living with advanced lung cancer. As his condition deteriorates, students explore goals of care, advance care planning and family decision-making while working collaboratively across the multidisciplinary team.	• Advanced lung cancer • Goals of care • Advance care planning • Family-centred care • Multidisciplinary teamwork	• Videos • Learning Activity • Simulation Stations • Sample Assessment: PBL Activity • Sample Assessment: OSCA
Emily's Story	Emily is a 10-year-old girl living with a life-limiting illness in rural Australia. Students explore developmentally appropriate communication, family-centred care and collaborative practice while supporting Emily and her family throughout her illness journey.	• Paediatric palliative care • Family-centred care • Communication with children • Rural healthcare • Collaborative care	• Videos • Learning Activity • Simulation Stations • Sample Assessment: PBL Activity
Amy's Story	Amy is a 59-year-old woman living with early onset Alzheimer's disease. As her care needs increase, students explore culturally responsive, family-centred care, communication through interpreters and the transition to residential aged care.	• Early onset dementia • Cultural responsiveness • Family-centred care • Communication through interpreters • Residential aged care	• Videos • Learning Activity • Simulation Stations • Sample Assessment: PBL Activity

- Case scenario videos, story summaries and reflection questions are embedded in the interactive learning modules in the University Curriculum LMS course.
- Videos are also available on our Vimeo channel.
- Simulation Stations and Sample Assessments are available in Educator Resources. These are designed to be adapted to suit your context, discipline and level of study.

Appendix 3: Case Scenario Application for Health Disciplines

Discipline	Recommended Case Scenarios	Suggested Applications
Medicine	All case scenarios	Goals of care discussions, advance care planning, prognosis, shared decision-making, chronic disease management, culturally-responsive care and multidisciplinary collaboration.
Nursing	All case scenarios	Comprehensive exploration of person and family-centred palliative care across the lifespan, including communication, symptom management, care coordination, culturally-responsive care, end-of-life care, residential aged care and multidisciplinary collaboration.
Occupational Therapy	Miriam, Zander, Uncle Chatty, Amy	Supporting function, independence and quality of life, adapting management strategies as illness progresses, family support, residential aged care, culturally-responsive care and person-centred goal setting.
Physiotherapy	Miriam, Zander, Uncle Chatty, Amy	Maintaining mobility and function, fatigue and breathlessness management, rehabilitation, comfort-focused care, positioning and collaborative, culturally-responsive care throughout the illness experience.
Speech Pathology	Zander, Amy, Uncle Chatty, Emily,	Communication changes, cognitive impairment, swallowing, augmentative communication, family education, culturally-responsive care and communication across the illness trajectory.
Pharmacy	Zander, Miriam, Amy, Uncle Chatty	Medication management, symptom control, deprescribing, safe medicine use, culturally-responsive care, chronic disease management and end-of-life pharmacotherapy within multidisciplinary care.
Social Work	Uncle Chatty, Miriam, Zander, Emily	Psychosocial assessment, family dynamics, grief and bereavement, advance care planning, advocacy, cultural responsiveness and supporting decision-making across diverse care settings.
Nutrition & Dietetics	Amy, Uncle Chatty, Zander, Miriam	Nutritional assessment, swallowing considerations, weight loss, nutrition at end of life, family education and balancing nutritional interventions with quality of life.
Paramedicine	Miriam, Zander, Uncle Chatty	Recognising deterioration, emergency responses, goals of care, communicating with families during crises, community-based palliative care, culturally-responsive care and referral pathways.
Medical Radiation	Zander, Miriam, Emily	Understanding unique experiences throughout serious illness, compassionate communication, family-centred care, recognising palliative care needs, and collaborative practice.
Chiropractic	Zander, Miriam, Uncle Chatty	Understanding unique experiences throughout serious illness, compassionate communication, culturally-responsive care, recognising palliative care needs, and collaborative practice.

Appendix 4: Suggested Learning Plans

Plan	Content	Activities	Learning Approaches
Awareness (1 hr)	• Understanding palliative care	1.1 (selected topics)	Presentation
Overview (4 hrs)	• Understanding palliative care • Terminology • Self-awareness and self-care • Life-limiting illness, unique experiences and needs	1.1, 1.2, 1.3 2.1 1 x Case Scenario (selected sections)	Self-directed study Group discussion
Application (6-8 hrs)	• Understanding palliative care • Terminology • Self-awareness and self-care • Life-limiting illness, unique experiences and needs • Communication	1.1, 1.2, 1.3, 2.1, 2.2 1 x Case Scenario	Self-directed study Group discussion
Foundations (1 week)	• Understanding palliative care • Terminology • Self-awareness and self-care • Life-limiting illness, unique experiences and needs • Communication • Multidisciplinary care • Holistic symptom assessment and management • End-of-life care • Loss, grief and bereavement • Ethical and Legal aspects	1.1, 1.2, 1.3 2.1, 2.2, 2.3 3.1, 3.2, 3.3, 3.4, 3.5 1 x Case Scenario 1 x Simulation Station	Self-directed study Group discussion Simulation
Comprehensive (3-6 weeks)	• Understanding palliative care & terminology • Self-awareness and self-care • Life-limiting illness, unique experiences and needs • Communication • Multidisciplinary care • Holistic symptom assessment and management • End-of-life care • Loss, grief and bereavement • Ethical and Legal aspects • Supporting access & advocacy • Aboriginal and Torres Strait Islander peoples • Diverse communities and lifespan focus	1.1, 1.2, 1.3 2.1, 2.2, 2.3 3.1, 3.2, 3.3, 3.4, 3.5 4.1, 4.2, 4.3, 4.4, 4.5, 4.6 2 x Case Scenarios 2 x Simulation Stations Assessments – Reflective Journal, PBL Activity	Self-directed study Group workshops Simulation Assessments