OBA NURSING ACADEMY · PALLIATIVE & END-OF-LIFE CARE · OBA-PEOL-2026

Course Syllabus

Palliative and End-of-Life Care · OBA-PEOL-2026 · 9.5 CPD hours · fully self-directed online

DOCUMENT CONTROL

- Programme: Palliative and End-of-Life Care (OBA-PEOL-2026)
- Audience: Student and Facilitator
- Version 1.0 | Issued 18/09/2026 | Review due 18/09/2027
- Provider: OBA Nursing Academy

SCOPE OF PRACTICE AND CURRENCY

- This programme is professional development. It is not a qualification, it is not a unit of competency from a training package, and it does not of itself authorise any learner to perform any clinical activity. Palliative care is performed only within the learner's own scope of practice, after assessment of competence, and in line with the policy of the organisation the learner works for. This course names no medicine doses. Every medicine, dose, route and interval must be checked against the current prescription, Therapeutic Guidelines and local policy before it is given to a person.
- Regulatory and legal currency: this content was written against the NMBA standards, the ACSQHC National Consensus Statement on end-of-life care, the National Palliative Care Standards, the NSQHS Standards (2nd edition) and the strengthened Aged Care Quality Standards as published at 18/09/2026. Law relating to advance care planning, substitute decision-making, verification of death and voluntary assisted dying differs in every Australian state and territory and changes frequently. This course teaches the questions to ask, not the answer for your jurisdiction. Always confirm the current position with your own state or territory legislation and your organisation's policy.

1. Programme overview

Palliative and End-of-Life Care is a fully self-directed, entirely online professional development programme delivered through the OBA Nursing Academy learning management system. There are no scheduled classes, no live sessions and no clinical placement. Learners complete eleven modules at their own pace, followed by a case study assessment and a single summative assessment.

Who it is for

- Registered nurses (RNs) and enrolled nurses (ENs) in acute, aged, disability and community settings
- Internationally qualified nurses preparing for Australian practice
- Assistants in nursing, personal care workers and disability support workers
- Student nurses and student enrolled nurses
- Family members and informal carers supporting someone who is dying at home

How it is delivered

- Entirely online and entirely self-directed - no scheduled classes, no live attendance, no clinical placement
- All content, activities and assessment are released inside the OBA learning management system
- Learners move at their own pace; the LMS records progress, attempts and completion
- Every module is built as video (HeyGen avatar narration) + slide deck + student learner guide + knowledge check
- A single summative assessment unlocks the certificate of completion

Programme outcomes

On completion, learners will be able to:

1. Explain the palliative approach and identify when it is indicated, independently of prognosis
2. Recognise the three trajectories of decline and use the surprise question as a prompt to plan
3. Contribute to advance care planning, goals-of-care discussions and substitute decision-making within their role
4. Use structured communication techniques to discuss deterioration, prognosis and dying honestly
5. Assess pain, including in a person who cannot report it, and recognise unrelieved total pain
6. Recognise and contribute to the management of the common symptoms at the end of life
7. Recognise that a person is entering the last days of life and describe what must change in their care
8. Describe the subcutaneous route, anticipatory prescribing and supported carer administration at home
9. Provide culturally safe care, respond appropriately after a death, and apply the NMBA Decision-making framework to scope, delegation and requests relating to voluntary assisted dying

2. Module structure

Module	Title	CPD hours	Knowledge check items
00	Orientation: How This Course Works	0.50	5
01	The Palliative Approach: What It Is and When It Starts	0.50	5
02	Advance Care Planning, Substitute Decision-Making and Goals of Care	0.50	7
03	Communication: Difficult Conversations and Family Meetings	0.75	6
04	Assessing and Managing Pain	0.75	7
05	Managing Other Common Symptoms	0.50	7
06	The Last Days of Life: Recognising Dying and Terminal Care	0.75	9
07	Medicines at the End of Life and the Subcutaneous Route	0.50	6
08	Culturally Safe and Spiritually Responsive Care	0.50	5
09	Care After Death and Supporting the Bereaved	0.75	6
10	Scope, Law, Ethics and Caring for Yourself	0.75	5
	Module subtotal	6.75	68
	Programme information documents	1.30	-
	Case study assessment (5 unfolding cases)	0.50	-
	Summative assessment	0.92	60
	CLAIMABLE CPD TOTAL	9.5	

Module hours are the measured time for that module's video, learner guide, knowledge check and workbook activity. Section 2 below shows how every figure in this table was measured.

Indicative workload, and how the CPD hours were arrived at

The CPD figure for this programme is not asserted. It is measured from the content: narration at 135 words per minute, reading at 130 words per minute for dense clinical prose, knowledge checks timed to include reading every rationale, and the assessments timed as measured reading plus a stated decision allowance. Individual learners vary, and a learner who claims a different figure should claim their actual time.

Component	Measured time	How it was measured
Module videos (11)	103 min	Narration word count at 135 wpm
Student learner guides (11)	107 min	Guide word count at 130 wpm
Module knowledge checks (11)	109 min	Stem, options and every rationale, read and answered
Reflective workbook activities (11)	88 min	Writing time for the five prompts in each module
Programme information documents	78 min	Rendered page word counts at 130 wpm
Case study assessment	30 min	19 minutes reading plus 30 seconds per decision across 23 steps
Summative assessment	55 min	25 minutes reading plus 30 seconds per item across 60 items
MEASURED TOTAL	570 min (9.50 h)	Sum of the above
CLAIMABLE CPD	9.5 hours	The measured total, to the nearest half hour

The three optional practice tools - the symptom response simulator, the recognising-dying trigger checklist and the scope of practice self-check - add approximately a further 60 minutes. They are deliberately excluded from the claimable figure, because they are optional. A learner who completes them may claim that time as additional self-directed CPD.

Module 00 - Orientation: How This Course Works

Sets up the programme: who it is for, how a fully self-directed online course is completed, how the assessment and certificate work, the scope-of-practice rule, and the two boundaries that matter most in this subject - medicines and the law.

Learning outcomes

- Describe the structure, workload and assessment requirements of this programme
- Explain what a self-directed online course can and cannot prepare you to do
- State the scope-of-practice rule that applies to every skill taught in this course
- Explain why this course names no medicine doses, and where the authority actually sits
- Recognise that the law in this subject differs in every state and territory

Key terms: palliative approach; scope of practice; NMBA Decision-making framework; jurisdiction; Therapeutic Guidelines; continuing professional development

Module 01 - The Palliative Approach: What It Is and When It Starts

What palliative care is and is not; the difference between a palliative approach, specialist palliative care, end-of-life care and terminal care; the three trajectories of decline; the triggers that should start a palliative approach; who provides it; and the misconceptions that delay it.

Learning outcomes

- Define palliative care, the palliative approach, end-of-life care and terminal care, and use each term correctly
- Describe the three common trajectories of decline and what each means for recognition
- Apply recognition triggers, including the surprise question, to identify people who would benefit now
- Distinguish generalist from specialist palliative care and state when to refer
- Identify the misconceptions that delay a palliative approach and correct them

Key terms: palliative approach; specialist palliative care; end-of-life care; terminal care; trajectory of decline; surprise question; needs-based referral

Module 02 - Advance Care Planning, Substitute Decision-Making and Goals of Care

What advance care planning is and what it produces; capacity and how it is assessed; advance care directives and their jurisdictional variation; substitute decision-makers; goals-of-care and resuscitation plans; and what to do when the plan and the moment do not match.

Learning outcomes

- Describe advance care planning and distinguish the conversation from the documents it produces
- Explain decision-making capacity, how it is assessed, and why it is decision-specific
- Describe advance care directives and identify what differs between jurisdictions
- Explain substitute decision-making and the standard a substitute decision-maker must apply
- Describe goals-of-care and resuscitation documentation and how it is used in practice
- Respond appropriately when a directive, a family or a clinical situation conflict

Key terms: advance care planning; advance care directive; capacity; substitute decision-maker; goals of care; resuscitation plan; person-centred

Module 03 - Communication: Difficult Conversations and Family Meetings

Communication as a clinical skill; the structure of a serious-news conversation; responding to emotion; answering the hardest questions; prognosis and hope; collusion requests; running a family meeting; working with interpreters; talking with children; and documenting what was said.

Learning outcomes

- Explain why communication is a clinical procedure with a technique, not a personality trait
- Use a structured approach to a serious-news conversation
- Respond to strong emotion without retreating into information
- Answer 'am I dying?' and 'how long have I got?' honestly and within your role
- Respond to a family request to withhold information from the person
- Contribute to or run a family meeting, including with an interpreter
- Document a conversation so the next clinician can continue it

Key terms: serious news; ask-tell-ask; warning shot; responding to emotion; prognosis; collusion; family meeting; interpreter

Module 04 - Assessing and Managing Pain

Pain as a subjective and total experience; structured assessment including people who cannot self-report; types of pain and what each responds to; the principles of analgesia without doses; opioid myths and adverse effects; non-pharmacological measures; incident and procedural pain; and when to escalate.

Learning outcomes

- Define total pain and explain why it cannot be treated with analgesia alone
- Conduct a structured pain assessment, including in a person who cannot self-report
- Distinguish nociceptive from neuropathic pain and explain why it matters
- State the principles of analgesia in palliative care without reference to doses
- Correct the common opioid myths and recognise adverse effects and toxicity
- Apply non-pharmacological measures and pre-emptive management of procedural pain

Key terms: total pain; nociceptive; neuropathic; breakthrough pain; incident pain; Abbey Pain Scale; opioid toxicity; anticipatory prescribing

Module 05 - Managing Other Common Symptoms

The symptoms other than pain that most affect quality of life: breathlessness, nausea and vomiting, constipation, delirium, fatigue and anorexia, anxiety, and mouth problems. Assessment, non-pharmacological management, the principles of treatment, and what to escalate.

Learning outcomes

- Assess and manage breathlessness, including the non-pharmacological measures that work
- Identify the likely cause of nausea and vomiting and explain why the cause determines the treatment
- Prevent and manage constipation, and recognise faecal impaction with overflow
- Recognise delirium, distinguish it from dementia and terminal restlessness, and manage it
- Respond appropriately to fatigue, anorexia and the family distress that surrounds not eating
- Deliver effective mouth care and explain why it matters more than almost anything else

Key terms: breathlessness; breathlessness intervention; nausea; constipation; delirium; terminal restlessness; anorexia-cachexia; mouth care

Module 06 - The Last Days of Life: Recognising Dying and Terminal Care

Recognising that a person is entering the dying phase; what must change once it is recognised; comfort care in the last days; respiratory secretions, terminal restlessness and changed breathing; what families need to be told and when; the moment of death; and what to do when recognition was wrong.

Learning outcomes

- Recognise the signs that a person is entering the last days of life
- State what must change once dying is recognised, and who does each thing
- Deliver comfort-focused care in the dying phase
- Manage respiratory secretions, terminal restlessness and changed breathing, and explain them to families
- Prepare a family for what they will see, and support them at the moment of death
- Respond appropriately when a person who was expected to die begins to improve

Key terms: dying phase; recognition; anticipatory prescribing; respiratory secretions; terminal restlessness; Cheyne-Stokes; comfort-focused care; deprescribing

Module 07 - Medicines at the End of Life and the Subcutaneous Route

Why the route changes in the last days; the subcutaneous route and cannula care; as-required and continuous subcutaneous infusions; what a syringe driver is and the myth attached to it; anticipatory prescribing and the medicines box at home; carer administration; storage, checking and documentation.

Learning outcomes

- Explain why medicines move to the subcutaneous route and which medicines continue
- Describe subcutaneous cannula insertion, siting, care and the signs that a site has failed
- Explain what a continuous subcutaneous infusion is, what it is not, and what to monitor
- Describe anticipatory prescribing and the components of a medicines box at home
- State the conditions under which a family carer may give subcutaneous medicines
- Apply safe storage, checking, documentation and disposal requirements for controlled medicines

Key terms: subcutaneous route; continuous subcutaneous infusion; syringe driver; breakthrough dose; anticipatory prescribing; controlled drug; carer administration

Module 08 - Culturally Safe and Spiritually Responsive Care

Cultural safety as defined by the person receiving care; culturally safe palliative care with Aboriginal and Torres Strait Islander people; working across cultures and languages; religious and cultural practices at the time of death; spiritual care, spiritual distress and when to refer.

Learning outcomes

- Define cultural safety and explain who determines whether care was culturally safe
- Recognise how unconscious bias and assumption affect end-of-life care
- Describe key considerations in palliative care with Aboriginal and Torres Strait Islander people
- Work effectively across languages and cultures, including differing norms about truth-telling and decision-making
- Ask about and accommodate practices at the time of and immediately after death
- Distinguish spiritual from religious care, recognise spiritual distress, and refer appropriately

Key terms: cultural safety; unconscious bias; Sorry Business; returning to Country; kinship; interpreter; spiritual distress; pastoral care

Module 09 - Care After Death and Supporting the Bereaved

The moment of death and what families need; verification and certification of death; deaths that must be reported to the coroner; care of the body including cultural and religious requirements; the practical steps and paperwork; and bereavement - normal grief, risk factors and referral.

Learning outcomes

- Support a family at and immediately after the moment of death
- Distinguish verification of death from certification, and state why both are jurisdictional questions
- Recognise a death that must be reported to the coroner and act correctly
- Provide culturally and religiously appropriate care of the body
- Describe the practical steps and paperwork that follow a death

- Recognise normal and complicated grief, identify risk factors, and refer appropriately

Key terms: verification of death; certification of death; coronial death; care of the body; anticipatory grief; complicated grief; bereavement risk

Module 10 - Scope, Law, Ethics and Caring for Yourself

Scope of practice and delegation applied to palliative care; voluntary assisted dying as a jurisdictional question and the nurse's position within it; the ethical distinctions that matter - double effect, withholding and withdrawing, non-beneficial treatment, palliative sedation; documentation; and moral distress, cumulative grief and genuine self-care.

Learning outcomes

- Apply the NMBA Decision-making framework to delegation in palliative care, including a deteriorating person
- State what is and is not within your role when a person raises voluntary assisted dying
- Explain conscientious objection and the obligations that accompany it
- Distinguish palliative sedation from euthanasia, and withholding from withdrawing treatment
- Document end-of-life care to a standard that protects the person, the family and you
- Recognise moral distress and cumulative grief in yourself and colleagues, and act on it

Key terms: scope of practice; delegation; voluntary assisted dying; conscientious objection; double effect; non-beneficial treatment; palliative sedation; moral distress

3. Assessment

Component	Type	Weighting	Attempts
Module knowledge checks (11)	Formative, immediate feedback with rationales	Not graded	Unlimited
Reflective workbook	Formative, self-directed	Completion required	n/a
Case study assessment	Formative, branching decisions with feedback	Completion required	Unlimited
Summative assessment	60 single-best-answer items	100% - pass mark 80%	2

Summative assessment blueprint

Module	Items
00	2
01	5
02	6
03	6
04	6
05	6
06	8
07	6
08	5
09	5
10	5
TOTAL	60

Pass mark is 80 per cent (48 of 60). Learners have 2 attempts. The certificate of completion is issued automatically on a pass.

4. Standards and regulatory mapping

Framework	Elements addressed	Where
NMBA Registered nurse standards for practice (2016)	1 Thinks critically and analyses nursing practice; 2 Engages in therapeutic and professional relationships; 3 Maintains capability for practice; 4 Comprehensively conducts assessments; 5 Develops a plan for nursing practice; 6 Provides safe, appropriate and responsive quality nursing practice; 7 Evaluates outcomes	Modules 01-10 and the case study assessment
NMBA Enrolled nurse standards for practice (2016)	1 Functions in accordance with the law, policies and procedures; 2 Practises nursing within an	Modules 01-10 and the scope of practice mapping

	evidence-based framework; 3 Provides person-centred care; 4 Collaborates and communicates; 5 Provides nursing care; 6 Evaluates and reports	
NMBA Decision-making framework for nursing and midwifery (2020)	The scope of practice decision pathway; delegation and supervision	Modules 00 and 10; Scope of Practice Mapping document
NMBA Code of conduct for nurses	Principle 1 legal compliance; Principle 2 person-centred practice; Principle 3 cultural practice and respectful relationships; Principle 4 professional behaviour; Principle 6 health and wellbeing	Modules 03, 08, 10
National Consensus Statement: essential elements for safe and high-quality end-of-life care (ACSQHC)	Patient-centred communication and shared decision making; teamwork and coordination; components of care; use of triggers to recognise dying; response to concerns; leadership and governance; education and training	Modules 01, 02, 03, 06, 10
National Palliative Care Standards (Palliative Care Australia)	Assessment and care planning; coordinated care; families and carers; provision of care in the last days of life; bereavement support; quality improvement and capability	Modules 01-09
NSQHS Standards (2nd edition) - Comprehensive Care	Comprehensive care planning, goals of care, recognising and responding to acute deterioration including end-of-life care	Modules 02, 05, 06
NSQHS Standards (2nd edition) - Medication Safety	Prescribing, administering and monitoring medicines, including opioids and the subcutaneous route	Modules 04, 07
NSQHS Standards (2nd edition) - Communicating for Safety	Clinical handover, documentation of goals of care, and communication of the resuscitation plan	Modules 02, 03, 06
Aged Care Quality Standards (strengthened Standards, in force from 1 November 2025)	Clinical care including palliative and end-of-life care, pain management and dignity	Modules 01-09. Confirm the current Standard numbering on the Commission's site before quoting it to learners.
Voluntary assisted dying legislation	Each state and territory has its own Act, its own eligibility criteria and its own rules about who may raise the subject and when	Module 10 - taught as a jurisdictional question, never as a single national rule

5. Scope of practice

This programme is written for a mixed audience. Every module identifies what each role may and may not do. The full activity-by-role matrix is published separately as the Scope of Practice Mapping document (facilitator) and the Student Scope of Practice Card.

THE RULE THAT GOVERNS THE PROGRAMME

- Completing this course does not authorise any learner to perform any procedure described in it.
- Knowledge is one of three requirements. The others are assessed competence and authority from the employer, or - for a family carer - individual instruction from a clinician for the person they care for.
- Where an organisation's policy is more restrictive than this course, the organisation's policy applies.

6. Resources and further reading

A full directory of Australian organisations, with live links and a currency note, is published as the Further Reading and Organisation Directory. CareSearch and palliAGED are free, Australian and government-funded, and publish separate material for clinicians, for careworkers and for families. The National Advance Care Planning Support Service (1300 208 582) answers advance care planning questions for consumers and clinicians. Carer Gateway (1800 422 737) supports family carers. Nurse & Midwife Support (1800 667 877) is free, confidential and available 24 hours to nurses, midwives and students.

7. Completion and CPD

10. Complete all eleven module knowledge checks.
11. Complete the case study assessment.
12. Achieve 80 per cent or above in the summative assessment within 2 attempts.
13. The certificate of completion is then issued automatically, carrying the learner's name, the completion date, 9.5 CPD hours and a unique certificate identifier.
14. Registered and enrolled nurses should retain the certificate together with their reflective workbook as CPD evidence, as required by the NMBA registration standard.