Teaching breaking bad news (BBN) to undergraduate medical students should:

1. Be taught in advanced clinical years, when students are already proficient with core medical interviewing skills, as BBN is complex.

2. Focus on students and physicians' difficulties, challenges, and attitudes in sharing bad news, while enhancing at the same time their reflective process in learning and practicing this important but challenging task. (1,2)

3. Focus on teaching a model that students can rely on when BBN (3,4), while emphasizing the origins of the model and the fact that parts are not linear (e.g., empathically addressing emotions while providing information.)

4. Use role-plays to practice the skills (5), allowing learning both from being the receiver and the deliverer, followed by receiving non-judgmental constructive feedback in a safe learner-centered environment. Feedback should invite students to explore their attitudes and personal challenges, learn, and re-try implementing the skills.

5. Invite them to observe, write, and reflect on BBN interactions in the clinics. This process connects the formal and informal/hidden curricula leading to a deeper understanding of BBN encounters, of how to apply the taught protocol well in the clinical workplace (6).

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