Objectives	
Review common errors that clinicians make when breaking "bad news" to patients and family members	
Practice identifying these errors in simulated vignettes, and practice reframing problematic	
communication styles	Commented [p2]: Objectives clearly communicate what participants will do during the session and what they should expect to learn.
Teach and practice new communication skills of breaking "bad news," which can then be incorporated into clinicians' routine practice	
Abstract	
Many clinicians find it difficult to break "bad news." Providers may see bad news as reflective of failure on their part or the part of the medical profession. They may feel frustrated with the patient or with his	
or her illness. They also may feel sad because of their patient's medical condition. Thus, reactions and	
strategies for breaking bad news are varied. Some colleagues evade the topic altogether. Some colleagues find themselves "botching" the act of breaking bad news, with resulting negative reactions on	Commented [p3]: Abstract promises direct engagement during the session with issue attendees may be struggling with.
the part of their patients. Still other colleagues may think that they are communicating clearly, when in	
reality their patients are confused and unclear about their illness, prognosis or treatment planning.	
Psychiatrists and palliative medicine specialists in the general hospital often help patients navigate difficult life events, including illnesses, loss of sense of self, end-of-life goals and death. These providers	
also assist medical colleagues in learning the art of breaking bad news and putting this knowledge into	
action. The present session will address the three types of errors listed above. We will share common	
examples of the struggles inherent in breaking bad news. Participants will be provided with cases highlighting the errors above and will identify avoidance, erring and ambiguity. Participants will then	
practice breaking bad news and will learn strategies to teach their colleagues how to break bad news	Commented [p4]: Abstract clearly shows how the general
more effectively. The speakers in this session will include two consultation-liaison psychiatrists and a	session will be interactive and solicit audience participation.
palliative medicine specialist who collaborate with each other and who also provide consultation/liaison services to primary teams in a major academic medical center.	
Agenda	
0:00 Introduction 0:05 Overview of common pharmacologic dilemmas in cancer patients	
0:20 Review of psychosocial screening and implications for the mandate to screen all cancer patients	
0:35 Treatment options for psychiatric symptoms in the palliative medicine population	
0:50 Challenging case discussion with participants. These will include common cases such as giving	

tamoxifen with antidepressants and delirium in a dying patient

Breaking Bad: Communicating "Bad News" to Patients and Families

1:15 Concluding comments/Q&A

Commented [p5]: Always end the session with a minimum 15 minutes of audience Q&A

Commented [p1]: Titles that reference popular culture or have more than one meaning are particularly effective.