

Student Instructions

You are an FY2 on a GP placement in the local surgery. Timmy Tus is a 19 year old gentleman who has come to your afternoon clinic with concerns. From his medical notes, you know that he has a history of deliberate self harm by overdose, depression and a history of traumatic life events.

This is a communication skills station. Please discuss Timmy's concerns with him and advise him of the appropriate management plan going forward.

Patient Instructions

You are Timmy Tus, a 19 year old guy who has a difficult few years. You are unemployed and have a partner, Traci. You used to have a part time job on a building site, but haven't been able to do that for some time because of your mental health.

HPC:

You have come to the doctors because you are worried about the amount of tablets you took last night. You had a big argument with Traci, as you found out that she had bought an expensive slow cooker online, which you can't afford. After this, you locked yourself in your room and took a load of pills.

You think you took about 14 pills, which were small and white. You reckon they were paracetamol, but you can't be sure that they weren't the venlafaxine that Traci has lying around. You took them in a fit of rage, as an impulse, but when you thought about it around 20 minutes later, you realised that you had made a mistake. You didn't write a note and didn't tell anyone in advance. You didn't think about the outcome and didn't really think that the tablets would do much harm. You want to live.

You went and vomited because you felt sick. There was no blood in the vomit and you had some mild tummy pain, which you still have. You think that will get better soon.

This isn't the first time this kind of thing has happened. Two months ago you took around 12 paracetamol tablets because Traci scratched your moped by accident. You felt silly after this and didn't tell anyone, and did not go to the doctors. You felt sick after this, and vomited a few times. After that, you were absolutely fine.

You went into hospital the first time you took an overdose, which involved you having a drip on for a long time. It was really frustrating because you felt completely well, but the doctors told you the tablets could mess with your liver. After having all these overdoses, you don't really care about your liver – it must be fine because you haven't had any

problems so far.

PMH:

You went to the GP 'a while back' to chat about the overdoses – he said you probably are depressed. You originally thought that depression was for wimps, but now you are starting to agree with the doctor – you're feeling low more and more frequently.

ICE:

You expect to be told that you are immune to taking paracetamol now, since you have had so many overdoses. You are not keen to engage with any 'services' as you think they will section you and take you away from your partner. You don't want to lose your council house and worry this will affect your benefits. You want, and expect, to live.

Examiner Instructions

The candidate should use the time effectively to elicit a thorough suicide history, to the extent that a 'Becks suicide score' could be attributed to this incident. The candidate should use effective communication microskills to engage with the patient in a way that empathetic and understanding. Such microskills should include:

- Summarising
- Signposting
- Good mix of open and closed questions
- Ideas, concerns and expectations

Please ask the student to summarise their findings and present a risk assessment for this patient.

Questions suitable for discussion

- What is Beck's Suicide Score?
- How would you assess this gentleman's risk?
- What would be the appropriate next medical step?
- Who would be involved in this patient's care?
- What would qualify a patient for mental health or mental capacity act?