

DR. DWAIPAYAN SEN

MBBS (CAL), MRCP (UK), MRCPS (Glasgow), MRCP Geriatrics (UK)

PERSONAL DETAILS

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Professional Registrations

1. **General Medical Council:** 6078070 (Full registration)
2. **West Bengal Medical Council:** 59033

Professional & Academic Qualifications

1. **CCT in General medicine, Geriatric & Stroke medicine**

Awarded by General Medical Council, UK in August 2014

2. **MRCP Geriatrics (UK)**

Awarded by Royal College of physicians, UK in 2010.

3. **MRCP (UK) & MRCPS (Glasgow)**

Awarded by Royal College of Physicians and Surgeons of
Glasgow, 2006.

4. **MBBS (Calcutta)**

Awarded by Calcutta University in 2004 with honours and

Dr. NR Hatua medallion in ENT.

Publications

1. **Assessment tools in Stroke and TIA: The Soul, Issue 5, Jan. 2011, Pages 3-6;** Available at http://www.liverfoundation.in/news_letter/guest_column.pdf.

A comprehensive review of the assessment tools used in common practice in United Kingdom for rapid recognition and assessment of cerebrovascular events by paramedics and non neurologists. These tools and scores are used for early recognition and timely referral of these patients to specialized neurosciences centre for consideration of Intravenous thrombolysis, or urgent vascular (carotid or vertebrobasilar territory) imaging and intervention.

2. **Response to editorial “Redesigning the general practice consultation to improve care for patients with multimorbidity”:** Hyatt R, Sen D. Sen 2012. www.bmj.com/content/345/bmj.e6202/rr/612965; Citation: BMJ 2012; 345: e6202.

An account of practice change in a busy geriatric unit towards the use of problem lists in elderly patients with multiple comorbidities and the impact it had on communication between secondary and primary care.

3. **Behavioural disturbances in Dementia: GM (43) March 2013, Pages 13 – 20;** Available at http://www.gmjournals.co.uk/behavioural_disturbances_in_dementia_77304.aspx

A comprehensive literature review of behavioural disturbances of dementia, what the term constitutes and available non pharmacological and pharmacological treatments. The evidence base for these treatment modalities were reviewed in detail. Specifically the evidence behind the use of typical and atypical antipsychotic medication, their effectiveness and incidence of significant cardiac and cerebrovascular side effects was reviewed in detail.

4. **Problem Lists in older inpatients: an old idea whose time has come:** Journal of Medical safety, May 2014; Page 97 – 100; Available at <http://www.iarmm.org/JMS/JMS2014Cover.pdf>

Project run in a 120 bedded busy geriatric unit at Royal Blackburn Hospital. A change of practice was initiated towards use of Problem Lists in the care of elderly inpatients with multiple comorbidities. It was updated weekly. It was shown to improve communication between secondary and primary care by improving the quality of discharge summaries. It was also shown to increase remuneration for the Acute Trust in the Payment by Result (PBR) system of NHS. It was an intervention that improved patient safety through better medical record keeping and resulted in improved financial remuneration at the same time.

5. **Decompressive Hemicraniectomy for malignant hemispheric infarction – a review of practice at a Comprehensive Stroke Centre:** Kishore A, Elmi M, Sen D, Molloy J.

International Journal of Stroke, April 2015; Volume 10, Issue 52 (Supplement 2);
Page 383-384. Available at:
<http://onlinelibrary.wiley.com/enhanced/doi/10.1111/ijvs.12479/#ijvs12479-sec-0848> (search under vascular neurosurgery, Abstract ESOC 376)

Current Projects

1. Experience of AF detection and Anticoagulation in a Comprehensive stroke centre:

Project looking at investigations done for suspected cardio embolic stroke. It looks into type of prolonged cardiac monitoring done and the time scale at which these are done after a neurovascular event. The project will also look into anticoagulation experience after detection of AF both in terms of time scale for anticoagulation after disabling and non disabling stroke and also choice of anticoagulation agents in relation to introduction and NICE approval of the Novel Oral Anticoagulation Agents (NOACs).

2. Effects of dose approximation of Alteplase due to estimated weight based administration of the drug:

Alteplase is always administered as an approximate dose due to the weight of the patient being estimated. This has been a global practice including the research trials which set the dose. This project looks at range of fluctuation of administered dose from the recommended dose and whether this has any relation to safety and inefficacy of the drug. The project will also look at effects that reduced renal function may play in approximation of dosage and estimated weight.

Posters and Presentations

International Conferences

- 1. Problem Lists in older inpatients - an old idea whose time has come:** Poster presentation at 2nd World Congress of Clinical Safety, 12-13th September, Heidelberg, Germany.
- 2. Perioperative imaging in Parathyroid Disease:** Poster presentation in Annual General Meeting of The Endocrine Society (Toronto, 2007). A retrospective project looking at available parathyroid imaging modalities and comparing their relative sensitivity and specificity for adenoma localisation, surgical localisation being taken as gold standard.
- 3. Experience of Decompressive Hemicraniectomy in a Comprehensive Stroke Centre:**

Poster presentation at ESOC (European Stroke organisation conference),
Glasgow, April 2015.

National Conferences

1. **Perioperative imaging in Parathyroid Disease:** Poster presentation in Scottish Nuclear Medicine Conference (Stirling, 2007).

Regional Conferences

1. **Giant Cell Arteritis - A reversible cause of dementia:** North West BGS and Brocklehurst Prize presentation, 2012. Case report of an unusual presentation of Giant Cell Arteritis as isolated vascular dementia with no headache or other common features associated with the condition.
2. **Effect of nutrition and cognition in rehabilitation outcomes:** Penine CARE 2013. Small project run at a local DGH looking at effects of nutrition and cognitive status on outcomes of rehabilitation. Poor nutritional status was associated with poorer outcomes. Interestingly cognitive decline was not a predictor of poor rehabilitation outcomes if the patient has been screened by a geriatrician and deemed suitable for rehabilitation. Delirium was however associated with increased mortality and poorer outcomes.
3. **Investigation after VTE in hospital:** Penine CARE, 2013. NICE have provided guidance on how to investigate an unprovoked VTE episode. Audit looking at practice in Fairfield General Hospital against this guidance.

Audits

Audits are a mainstay of NHS practice and are used to evaluate current practice and/or service provision quality against national or local standards. I am currently Audit Lead for Stroke services and also sit on the Central Audit Committee for the trust. Our vision is to proactively audit and accumulate evidence of our practice against NICE and RCP guidance by developing a 3 year rolling audit programme. We are also investing in modifying our electronic patient record to build in audit models.

1. Assessment of inpatient falls: NHS Ayrshire & Arran, 2006.
2. Recording of MMSE and interventions on it: Victoria Infirmary, Glasgow, 2006.
3. Risk Factors for *Clostridium difficile* infection: Cumberland infirmary, 2008.
4. TIA service provision audit: Royal Oldham Hospital, 2009.
5. Use of EWS in medically unwell patients: Royal Blackburn Hospital, 2010.
6. **Royal College sentinel stroke audit (SNAP & SSNAP):** Ongoing 2008 – 2015.

7. Management of acute stroke: Royal Blackburn Hospital, 2010.
8. **National Falls and Bone health Audit (RCP):** Royal Blackburn Hospital, 2011.
9. **Antiplatelet prescription in Stroke & TIA (NICE TA 210):** Salford Royal Hospital, 2012.
10. Incontinence in Intermediate care: Salford Royal Hospital, 2014.

Courses

- ❖ Good Clinical practice in Research: Salford Royal Hospital, 2014.

- ❖ Advanced Life Support: Resuscitation Council UK, 2013.
- ❖ Post Stroke spasticity course: Heywood Hospital, 2014.
- ❖ Transcranial Doppler in Stroke: Southampton Hospital, 2012.
- ❖ Adult Spasticity Course: Heywood Hospital, Stoke, 2011.
- ❖ BASP Stroke training weekend: National Hospital for Neurology, London, 2010.
- ❖ Thrombolysis and Neuroradiology in Stroke: Royal Preston Hospital, 2010.
- ❖ Research Methodology Course: Bristol University, 2010.
- ❖ Teach the trainer course: Salford University, 2009.

Current Affiliation

Consultant Stroke Physician

Clinical Audit Lead and Readmissions Lead

Comprehensive Stroke Centre, Department of Neurosciences

Salford Royal University Teaching Hospital, Manchester.

Undergraduate Clinical Tutor, Neurology module

Manchester Medical School, Manchester University.

Commencement date: 6th August, 2014 till date.

Salford Royal is a large University Teaching Hospital in the heart of Manchester. It harbours the Neuroscience centre Greater Manchester catering to a 3 million population. The department harbours tertiary referral units for Stroke, Neurology, Neurosurgery and Cerebral Function unit.

It is the largest stroke unit in United Kingdom at the moment; the trust has also been awarded an “outstanding” rating for their performances by the Government agencies.

The department offers comprehensive stroke care ranging from Hyper acute reperfusion therapies to stroke rehabilitation. The department also offers neurovascular services for TIA patients of Salford area only.

The department has excellent undergraduate and postgraduate teaching programmes and I currently contribute in teaching the Neurosciences module for 4th year medical students from Manchester Medical School (Manchester University).

I also hold Clinical Audit Lead and Readmission lead positions for the department and run Quality initiative projects to improve governance in these areas.

Previous posts

Specialist Registrar, Geriatric and General Medicine

North Western Deanery, Manchester (Rotation through Royal Oldham Hospital, Royal Blackburn Hospital, Fairfield General Hospital and Salford Royal Hospital).

Period: 6th August 2008 to 5th August 2014 (excluding July 2011 – July 2012)

Training rotation organised by North western deanery imparting postgraduate training in following disciplines.

General Medicine

Geriatric Medicine (General)

Orthogeriatrics

Movement disorders

Cognitive impairment in elderly

Falls and bone health

Community Geriatrics

Tissue viability

Senior Clinical Fellow, Stroke Medicine

Comprehensive Stroke Centre, Salford Royal Hospital.

Period: 2nd July 2011 to 1st July 2012.

Specialist Registrar (LAT), Geriatric and General Medicine

Cumberland Infirmary, Carlisle (Northern Deanery)

Period: October 2007 to August 2008.

Junior Clinical Fellow/LAS Registrar, Geriatric & General Medicine

Queen Elizabeth Hospital, Gateshead, Newcastle.

Period: February 2007 to October 2007.

SHO Geriatric medicine

Victoria Infirmary, Glasgow

Period: August 2006 to February 2007.

SHO General and Geriatric medicine

NHS Ayrshire & Arran, Ayr Hospital and Crosshouse Hospital

Period: February 2005 to August 2006.

House Staff, General Medicine

Calcutta National Medical College and Hospital, Calcutta

Period: September 2003 to February 2004.

Internship

Calcutta National Medical College and Hospital, Calcutta

Period: September 2002 to August 2003.

Clinical Governance and Management

I contribute to the Clinical Governance programme by leading on the “Reducing Readmissions” project. I assess all readmissions and feedback to senior management on preventable factors that can be amended to reduce the number of readmissions.

I am also the Clinical Audit lead for the stroke services and member of the Central Audit Committee for the trust. Our vision is to develop proactively a practice of audits against National guidance (NICE or RCP) and to improve our electronic patient record system to accommodate built in audit models.

I have developed local protocols for management of Warfarin related Intracranial Haemorrhages and Novel anticoagulant related Intracranial Haemorrhages for Fairfield General Hospital which is a Primary Stroke centre for the greater Manchester region.

There is also experience in managing legal cases, coroner's inquests, complaints handling and doing root cause analysis for adverse incidents.

Teaching Experience

I have taken formal training and completed a "Teaching and Communication" module from Salford University which is accredited with 30 masters level non clinical credits. I have also attended a "Teach the Trainers" course.

I formally provide input for the Neurology module of the undergraduate medical curriculum of Manchester University. I also provide informal teaching for MRCP candidates, especially for PACES.

I have been involved in delivering organised teaching days for postgraduate medical trainees on behalf of the North West deanery. I have also been involved in delivering large group lecture based teaching for junior medical trainees and allied health professionals.

Research Experience

In an aim to develop a solid foundation towards clinical research I have attended courses on research methodology and good clinical practice in research. I have been involved in recruiting patients for many hyperacute and acute stroke trials and still continue to do so. High quality international multicentre trials that have been published in peer reviewed journals include INTERACT2, IST3 & CLOTS3. I am currently recruiting patients in PISTE, CLOTBUSTER, ENCHANTED, TICH2, SCILL and TARDIS trials. I am also personally involved in leading projects on Decompressive Hemicraniectomy and predictive factors for haemorrhagic transformation following intravenous thrombolysis, which has been detailed above.

References

Can be provided on request.