and Evaluation. Integral to the time capsule are signposts to resources and toolkits.

As leadership fellows, we have piloted the capsule reflecting on four different trainee perspectives:

1. Impact on training
2. Redeployment
3. Telemedicine
4. Remote working

Discussion This tool provides a template for reflective practise on our experience, realising and sharing the lessons that have been learnt. As a group of fellows, this tool was used as a ‘shared experience’ process exploring leadership in our various environments, learning from our experiences and realising how we can develop as leaders going forward. This reflective time capsule highlights the importance of learning from significant challenges faced during the pandemic.

Conclusion Active participation in the leadership time capsule facilitates the process of building on experiential learning during a crisis. Critical lessons from this process can inform trainee leadership development to ensure competences and confidence when facing future challenges.

Leading innovation and improvement

140  JUNIOR LED DIGITAL INNOVATION: THE USE OF ATTEND ANYWHERE VIDEO CONSULTATION AT NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST

Laura Stevenson. North Staffordshire Combined Healthcare NHS Trust – all

10.1136/leader-2020-FMLM.140

For some time, despite video consultation software being available to utilise at North Staffordshire Combined Healthcare NHS Trust (NSCHT), its widespread use had not been achieved. The reasons for this were unclear as both staff and service users had previously indicated interest. With the onset of the COVID-19 pandemic and resulting lockdown, the trust needed to adapt quickly in order to maintain a high standard of care, whilst significantly reducing face to face appointments. A higher trainee and consultant in psychiatry, along with the Innovation Collaborative and research team, worked to promote and establish the use of Attend Anywhere video consultation software throughout the organisation.

A pilot study was undertaken which demonstrated a 2834% increase in the rate of video consultation across all directorates. Staff reported that the platform was effective for: assessments; delivering psychological therapy; diagnostic appointments; and for service users anxious, isolating or shielding. It was less effective for physical observation and group work. 71% of service users were satisfied/very satisfied and 75% would have more consultations using this method, despite 66% reporting problems such as poor sound. Benefits included; reduced travel time; less time off work; no stress relating to parking/attending on time; and feeling they had the sole attention of staff.

An interim report has been produced for dissemination. The next stage is to undertake focus groups with staff and service users to gain a greater understanding of how the use of video consultation software can be embedded, where appropriate, across the organisation.

Medical education

141  'THE TEACHING ACADEMY'- THE EFFECT OF A PILOT TEACHING SKILLS PROGRAMME ON STUDENT LEADERSHIP AND INVOLVEMENT IN MEDICAL EDUCATION

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Peer-assisted learning (PAL) forms a major component of extracurricular support for students. Yet, formal training in teaching during medical school is scarce. Imperial College Medical Education Society is a student-led society providing PAL for students across London. The study assesses the impact of the ‘Teaching Academy’, a pilot training scheme, on the teaching skills of pre-clinical medical students and determine whether such programmes inspire interest in medical education and application to societal leadership responsibilities. The programme was advertised via email. Enrolled students completed a pre- and post-course questionnaire to assess baseline teaching experience and efficacy of the pilot scheme respectively. Five workshops were delivered over three months addressing various teaching skills. Participants practised teaching under the supervision of experienced students and clinicians. Of the 59 applicants, 16 were accepted. From the preliminary questionnaire, 81.3% (13) of students reported having previous teaching experience. However, 81.3% (13) had not received formal training on teaching. 14 completed the course and subsequently the post-course questionnaire. All students agreed or strongly agreed that their teaching skills have improved. This included maintaining audience engagement (12, 85.7%), making effective presentations (12, 85.7%) and giving constructive feedback (6, 42.9%). 64.3% (9) appreciated the personalised feedback and hands-on aspect of the course. 85.7% (12) agreed or strongly agreed that the course inspired interest in medical education. Over half of the cohort expressed interest in holding future committee positions and responsibilities to sustain the programme. Nurturing the talent of early-years medical students may improve teaching competency and promote involvement with future educational and leadership opportunities. For future cohorts, the team plans to deliver ‘theory-based’ sessions virtually to allow more time for hands-on teaching experience.

Technology adoption

142  ARTIFICIAL INTELLIGENCE AND THE NHS: A QUALITATIVE EXPLORATION OF THE FACTORS INFLUENCING ADOPTION

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Background Artificial intelligence (AI) has the potential to improve healthcare and is likely to impact almost every specialty. However, there is limited research investigating the factors which influence the adoption of AI within a healthcare system.