

prompts to discover their values. The guide provides HCPs structures and wording to address the following identified ACP topics: the identity of the child, living with illness, the future, hope, fears and worries, preferences for daily life and goals of care. The training educates HCPs about the concept of ACP and coping with illness and loss and trains specific communication skills. The intervention includes a documentation format.

Conclusion A pediatric ACP-intervention was designed targeted to the following needs: education about the concept of ACP, strategies to conduct ACP conversations and a documentation format. Our ongoing research will evaluate the feasibility of the intervention.

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PEDIATRICIAN'S EXPERIENCES WITH ADVANCE CARE PLANNING: A QUALITATIVE STUDY

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Background Pediatricians in academic care centers are involved in high-complex care for children with life-limiting conditions. They guide families in defining goals of care and medical decision-making. Advance Care Planning (ACP) supports family-centered care and shared decision-making. This study evaluates how pediatricians integrate ACP in their daily care for children with life-limiting conditions.

Methods An interpretative qualitative study using thematic analysis was performed. Single interviews were undertaken with 17 pediatricians working in five pediatric tertiary hospitals.

Results Initiation of ACP discussions is determined by expected disease progression, technical treatment options or increasing symptoms. Pediatricians prefer to discuss ACP within a long-term relationship with a child's family. This ensures and enables them to address issues concerning challenging medical decisions and end-of-life in the right way at the right time for a specific family. Pediatricians focus in ACP discussions on future scenario's and related care options. They try to balance between 'hope' (normalizing living with illness, focus on problem solving) and 'the worst' (decline of the child's condition and an inevitable death). They aim to prepare the child and family for 'a life as normal a possible and when inevitable, a good end of life'. Few pediatricians explore the child's and family's values and perspectives.

Conclusion Pediatricians focus on prognosis and treatment options in ACP conversations. They take families by the hand throughout the disease trajectories and try to guide medical decision making in the best interest of the child. Exploration and integration of family values seems less integrated in their practice.

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TESTING THE EFFECTIVENESS OF A FAMILY-CENTERED PEDIATRIC ADVANCE CARE PLANNING INTERVENTION: STUDY PROTOCOL FOR A RANDOMIZED CONTROLLED TRIAL

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Background A family-centered pediatric ACP intervention (FACE) was developed in the US, which demonstrated feasibility, acceptability and safety. The aim of this study is to evaluate the effectiveness of an ACP intervention, adapted from the FACE intervention, for pediatric oncology in Flanders, Belgium.

Methods A total of 93 dyads of parents and adolescents (age 10 – 18) receiving care in pediatric oncology wards will be recruited. Intervention dyads (N=46) will receive three weekly 60-minute sessions. Control dyads (N=46) will receive care as usual. Primary outcome is congruence in treatment preferences between adolescent and parent, measured by the Statement of Treatment Preference. Secondary outcomes are: quality of communication, decisional conflict for adolescents, and quality of life of adolescents and parents. Outcomes will be measured at baseline (T0) and 3 months after the intervention (T1). A process evaluation will be done by documentation of recruitment, analyzing audio recordings of the intervention, and post-trial qualitative interviews with adolescents (n=10) and parents (n=10) and focus groups with the involved healthcare professionals.

Discussion This will be the first pACP intervention in Europe and will provide evidence on the effectiveness of an ACP intervention in adolescents with cancer. A process evaluation will provide in-depth insight into how the pACP intervention was delivered in practice and contribute to understanding the underlying mechanisms of the intervention.

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DEVELOPING A PEDIATRIC ACP INTERVENTION FOR ADOLESCENTS WITH CANCER IN BELGIUM

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Background Parents of adolescents with a life-limiting illness have expressed the desire to talk to their children about goals and preferences of care. Recently, a family-centered pediatric advance care planning (ACP) intervention (FACE) was developed in the US, which demonstrated feasibility, acceptability and safety. The aim of this project is to develop a pediatric ACP (pACP) intervention by translating the existing FACE intervention and adapting it to the Belgian situation for paediatric patients with cancer and their parents.

Methods First, feedback about the proposed content and process of the FACE intervention will be obtained from pediatricians (n= 4), psychologists (n=4), parents and adolescents with cancer (n=8) from four different pediatric oncology wards through semi-structured interviews. Second, four separate focus groups with the abovementioned groups will be organized. Third, experts with extensive experience in ACP with children will review the materials individually and findings will be discussed in an expert panel. Before pilot testing the intervention, cognitive testing of all questionnaires used for the outcome measurements with adolescents, their parent (n=4) and physicians (n=4) will be done. All retrieved information will be processed in a first version of a manual of how the intervention is delivered.

Discussion After development of the pACP intervention, effectiveness will be tested in a randomized controlled trial design. Primary objective of the trial is to assess whether the pACP intervention improves congruence in treatment preferences