







## Adolescent-Centered Clinical Interview Tool for Nursing Education in Primary Health Care

### Guia de entrevista clínica centrada no adolescente para o ensino de enfermagem na Atenção Primária à Saúde

### Guia de entrevista clínica centrada en el adolescente para la enseñanza de enfermería en la Atención Primaria de Salud

Marina Cecília Belotti Oscar<sup>1</sup> , Tatiane Martins da Silva<sup>1</sup> ,  
Vanessa Aparecida Ribeiro Gomes<sup>2</sup> , Ed Wilson Vieira Rodrigues<sup>1</sup> 

#### ABSTRACT

**Objective:** To present the development and content validation of a clinical interview instrument focused on adolescents, aimed at Primary Health Care (PHC) consultations for clinical teaching in undergraduate nursing courses. **Methodology:** This is a methodological study for the development of an instrument based on the Person-Centered Clinical Method, aimed at clinical teaching in undergraduate courses. The content was validated through expert judgment, using the Delphi technique over two sessions. Descriptive statistics helped assess consensus during the process. The validation standard for individual items, sets, and sequences was set at a Content Validity Index (CVI) of 0.80 or higher. **Results:** An eleven-item instrument was created, with examples included to help guide students during their interviews. The overall CVI was 0.95, ranging from 0.92 to 1.0 between items, sets, and sequences in the second round. **Conclusion:** The instrument demonstrated content validity for adolescent-centered clinical interviews in undergraduate nursing, contributing to improving student-patient communication and the teaching of clinical skills in PHC.

#### DESCRIPTORS:

Medical History Taking; Nursing; Adolescent Health; Adolescent Health Services; Patient-Centered Care.

Article Information:  
Received: 03/06/2026  
Accepted: 05/21/2026

**Corresponding author:**  
Ed Wilson Vieira Rodrigues.  
[edwilsonvieira@ufmg.br](mailto:edwilsonvieira@ufmg.br)

<sup>1</sup> Universidade Federal de Minas Gerais. Belo Horizonte, Minas Gerais, Brazil.

<sup>2</sup> Secretária Municipal de Saúde de Conceição do Mato Dentro. Conceição do Mato Dentro, Minas Gerais, Brazil.



## RESUMO

**Objetivo:** Apresentar o desenvolvimento e a validação de conteúdo de um guia de entrevista clínica centrada no adolescente, voltado às consultas na Atenção Primária à Saúde (APS) para o ensino clínico na graduação em enfermagem. **Metodologia:** Trata-se de estudo metodológico para desenvolvimento de guia fundamentado no Método Clínico Centrado na Pessoa, direcionado ao ensino clínico na graduação. A validação de conteúdo foi realizada por julgamento de especialistas, utilizando a técnica Delphi em duas rodadas, com aplicação de estatística descritiva para análise do consenso. Adotou-se Índice de Validade de Conteúdo (IVC)  $\geq 0,80$  como critério de validação para Itens individuais, conjunto e sequência. **Resultados:** Foi elaborado guia composto por onze Itens, acompanhados de exemplos para orientar a abordagem do estudante durante a entrevista. O IVC global foi 0,95, variando de 0,92 a 1,0 entre Itens, conjunto e sequência na segunda rodada. **Conclusão:** O guia demonstrou validade de conteúdo para entrevista clínica centrada no adolescente na graduação em enfermagem, contribuindo para qualificar a comunicação estudante-paciente e o ensino de habilidades clínicas na APS.

## DESCRIPTORIOS:

Anamnese; Enfermagem; Saúde do Adolescente; Serviços de Saúde do Adolescente; Assistência Centrada no Paciente.

## RESUMEN

**Objetivo:** Presentar el desarrollo y la validación del contenido de un guía de entrevista clínica centrada en el adolescente, orientado a las consultas en Atención Primaria de Salud (APS) para la enseñanza clínica en la licenciatura en enfermería. **Metodología:** Se trata de un estudio metodológico para el desarrollo de un guía basado en el Método Clínico Centrado en la Persona, dirigido a la enseñanza clínica en la licenciatura. La validación del contenido se realizó mediante el juicio de expertos, utilizando la técnica Delphi en dos rondas, con la aplicación de estadísticas descriptivas para el análisis del consenso. Se adoptó un Índice de Validez de Contenido (IVC)  $\geq 0,80$  como criterio de validación para los ítems individuales, el conjunto y la secuencia. **Resultados:** Se elaboró un guía compuesto por once ítems, acompañados de ejemplos para orientar el enfoque del estudiante durante la entrevista. El IVC global fue de 0,95, variando de 0,92 a 1,0 entre ítems, conjunto y secuencia en la segunda ronda. **Conclusión:** El guía demostró validez de contenido para la entrevista clínica centrada en el adolescente en la licenciatura en enfermería, contribuyendo a mejorar la comunicación estudiante-paciente y la enseñanza de habilidades clínicas en la APS.

## DESCRIPTORIOS:

Anamnesis; Enfermería; Salud del Adolescente; Servicios de Salud del Adolescente; Atención Dirigida al Paciente.

## INTRODUCTION

Teaching clinical interviewing skills in graduate health courses faces several challenges, including the implicit difficulties in student-patient communication, or even patient-professional communication<sup>(1)</sup>. For some patient groups, especially adolescents, these difficulties may be even greater, particularly due to the use of slang and other singularities and forms of expression, including body language to express feelings such as irony, contempt, humor and criticism<sup>(2)</sup>.

To overcome these difficulties in teaching interviews, some studies dedicated to the subject have found an important reference in the principles and components of the Person-Centered Clinical Method (PCCM)<sup>(3-4)</sup>. This is a method developed by Ian McWhinney and Moira Stewart, from Canada, and Joseph

Levenstein, from South Africa. Initially, the method was known as Person-Centered Medicine, but it soon became recognized by other areas of health.

One of the main pillars of patient-centered care is anchored in communication, which in the nursing field is particularly applied in the clinical interview<sup>(5)</sup>. The clinical interview can be understood as an exercise in interpersonal communication, encompassing verbal and nonverbal communication <sup>(6)</sup>. Previous studies have proposed scripts and instruments based on the PCCM, but they do not have a pedagogical focus for nursing<sup>(4)</sup>. In scenarios where there was greater attention to patient-centered clinical interviews, there was evidence of greater satisfaction with the care, greater ease of conducting them, greater trust by patients and their caregivers in the health professional, and greater willingness to follow treatment proposals<sup>(7-8)</sup>. Additionally, care models that have surpassed the biomedical model of care delivery for a person-centered practice have shown evidence of health gains<sup>(9)</sup>. Also, person-centered practice is recognized by policymakers and health organizations in various contexts<sup>(10)</sup>.

Although previous studies, such as that of Wenceslau et al., propose scripts based on the PCCM, these initiatives were not developed specifically for undergraduate nursing education, for adolescent care, or for the context of primary health care. Thus, the need remains for structured tools that operationalize the PCCM in formative and care scenarios focused on adolescent health. Furthermore, among the justifications for difficulties in student-patient communication may be the lack of a translation of the PCCM into an interview guide<sup>(2)</sup>. Given these gaps, this study proposes the development of an adolescent-centered clinical interview guide, aimed at Primary Health Care and clinical teaching in undergraduate nursing programs. The guide seeks to translate, in an operational way, the principles of the Person-Centered Clinical Method for practice with adolescents, supporting the development of students' communication and clinical skills in real care settings. The development is based on the recognition of the value of teaching patient-centered care for the training of health professionals, in addition to highlighting that the practice of patient-centered care represents one of the main essential competencies to be prioritized in the education of these professionals<sup>(5)</sup>.

## **OBJECTIVE**

To present the development of an adolescent-centered clinical interview guide for use in primary health care consultations, for clinical teaching in undergraduate nursing programs.

## **METHODOLOGY**

### **Study design, site and period**

This is a methodological study of content validation of a clinical interview guide centered on the adolescent person. The study was developed within the scope of the University Extension project "Comprehensive Health Care for Adolescents Living in the Santa Maria and Vila Antena Complex:

Prevention, Promotion and Recovery of Health”, linked to the Federal University of Minas Gerais (UFMG), available at <<https://bit.ly/2XoZOOY>>.

The development of the guide took place in three stages: preparation of the initial version, content validation using the Delphi technique, and pre-testing.

## **Population**

The participants in the validation phase were six experts (judges), selected by purposive sampling, considering the following criteria: minimum qualification of doctorate, teaching and clinical experience in the area of adolescent health, and experience in Primary Health Care. Undergraduate nursing students participated in the pre-test phase.

## **Inclusion and exclusion criteria**

The experts were identified and invited by email. All six invited experts agreed to participate in all Delphi rounds. The number of judges was considered adequate according to methodological recommendations for content validation studies.

For the pre-test, students who were in the training stage with theoretical and practical experience related to child and adolescent health, taking the Child and Adolescent Nursing course, and who agreed to participate in the activity were included.

## **Study protocol**

The development of the guide took place in three stages: in the first stage, the initial version was prepared by the coordinator of the Extension project, a professor involved with subjects in the area of Child and Adolescent Nursing, together with a scholarship-holding undergraduate student. For the construction of the Items, the academic and professional experience of the authors, the assumptions of the Person-Centered Clinical Method, the person-centered clinical interview script proposed by Wenceslau et al., as well as a narrative bibliographic survey were considered. The survey was carried out in the SciELO, PubMed and Virtual Health Library (VHL) databases, focusing on clinical interview instruments, health communication with adolescents and the Person-Centered Clinical Method. The findings supported the definition of the domains and the initial elaboration of the guide's Items.

In the second stage, content validation was carried out using the Delphi technique, conducted in two rounds. The guide was sent to the specialists by email, accompanied by an online questionnaire for evaluation. The 11 items and their organization were evaluated for clarity, relevance, and representativeness using a three-point ordinal scale (1 = disagree; 2 = partially agree; 3 = strongly agree), in addition to a field for suggestions and comments. The use of a three-point ordinal scale was chosen to promote greater objectivity in responses and reduce ambiguities in the evaluation of the items. Although

scales with a higher number of points may increase the variability of responses, the strategy adopted has been used in methodological studies aimed at content validation. After the first round, the contributions were analyzed and incorporated into the guide, and the revised version was submitted to a second round for further evaluation.

In the third stage, the pre-test was conducted with 78 graduate nursing students in a simulated/clinical teaching activity. Participants evaluated aspects related to the clarity, comprehension, organization, and applicability of the guide. The suggestions were analyzed by the researchers and used to make adjustments to the wording and organization of the items in the material. No substantial modifications were identified as necessary after the pre-test.

### **Statistical analysis and results**

For content validity analysis, the Content Validity Index (CVI) was calculated, both item-wise and globally. The CVI was calculated item-wise and globally, considering the proportion of experts who agreed with the evaluated items. A cutoff point of 0.80 or higher was considered.

The qualitative suggestions presented by the experts were analyzed descriptively and incorporated when relevant. The qualitative contributions of the pre-test were analyzed descriptively by the researchers, considering the frequency and relevance of the suggestions.

### **Ethical aspects**

The study respected the ethical principles governing research involving human subjects. Participants were invited by email and informed about the objectives of the study, ensuring voluntary participation. In compliance with Resolution N. 466, of December 12, 2012, of the National Health Council, the research that gave rise to this article was approved by the Research Ethics Committee of the Federal University of Minas Gerais, registered under N. CAAE 64661316.8.0000.5149.

## **RESULTS**

The strategy adopted resulted in an Adolescent-Centered Clinical Interview Guide for Nursing Education in Primary Health Care with 11 items, all with examples for student use. Initially, most items in Version 1 had a Content Validity Index (CVI)  $\geq 0.92$ , however, Item 11 and its sequence had a CVI of 0.75. The main suggestions from experts related to Item 11 involved increasing the clarity of the guidelines, reorganizing the screening sequence, and better adapting the language to the context of clinical teaching in Primary Health Care. Adjustments to the order of the guide's items were also suggested to promote greater fluidity in the clinical interview and coherence with the logic of the Clinical Care Plan (PCCM). These modifications were incorporated into Version 2. In this second version, the overall CVI was 0.95, varying from 0.92 to 1.0 among its items and their sequence (Table 1).

**Table 1.** Content Validity Index (CVI) measured for each item and for the sequence of items, first and second versions. Minas Gerais, Brazil.

Item evaluated	Content Validity Index	
	Version 1	Version 2
1 Embrace and identification	0.92	-
2 First propitiatory question	0.92	-
3 Teenager speaks freely	0.92	-
4 Detailed history of the complaint or symptom	1.00	-
5 First summary of the problems	0.92	-
6 Detailed history of health, illness, and protection.	1.00	-
7 Verification of additional requirements	0.92	-
8 Second summary of the problems	0.92	-
9 Agreement on service	1.00	-
10 Adolescent's experience with the agreed-upon situation	0.92	-
11 Timely additional screening	0.75	1.00
Sequency of Items	0.75	1.00
Overall	0.91	0.95

The validated content guide presented the following items sequentially: 1) Reception and identification, 2) Initial initiatory question, 3) Free speech by the adolescent, or the accompanying adult, when applicable, 4) Detailed history of the complaint or symptom, 5) Initial summary of the problems, 6) Detailed history of health, illness, and protection, 7) Verification of additional needs, 8) Second summary of the problems, 9) Agreement on care, 10) Adolescent's experience with the agreed-upon situation, and 11) Timely additional follow-up (Chart 1).

**Chart 1.** A clinical interview guide focused on adolescents for undergraduate nursing education.

**1. Embracement and identification**

. Analyze information about the adolescent's history beforehand (medical records or with members of the health team).

Establish a positive initial connection with the adolescent and the accompanying adult, if present. Make eye contact and introduce yourself, explaining what is necessary.

Initially seek a non-technical connection. This will generally not take more than two minutes of your consultation and can be achieved with trivial conversations about the weather, sports, or other more neutral topics.

When starting the clinical interview, introduce yourself by name and function, if necessary, referring to the adolescent by their full name and paying attention to social names, and ask how the adolescent prefers to be called.

If accompanied, ask about the person's relationship with the adolescent and explain about privacy, confidentiality, and the possibility of the clinical interview being conducted with the nurse and the adolescent alone, preferably.

Ensure the adolescent's privacy.

**2. First propitiatory question**

. Begin with a broad, open-ended, and propitiatory question to get a first feel for the demand.

*Examples: "How can I help you today?", "What made you seek this service today?", "Tell me: what brings you here today?"*

*Please note that the reason for seeking medical attention is not always a symptom, and in many cases, the request for consultation is induced by the professional or the service itself, or it is a complaint raised by the caregiver and not recognized by the adolescent as a health need.*

**3. The teenager, or their guardian, should speak freely.**

. Allow the patient to speak freely: encourage them, do not interrupt, and use nonverbal techniques to stimulate speech, such as gestures and body posture.

. Listen actively throughout. Attend to the adolescent without performing other tasks at the same time. Express nonverbally that you are attentive to their needs, interacting with eye contact, posture in the chair, gestures, and facial expressions showing your concern.

. Allow the accompanying person to speak freely as needed.

. Pay attention to aspects of nonverbal communication, such as characteristics, expressions, gestures, posture, and relationship with the accompanying person, among others.

**4. Detailed history of the complaint or symptom**

Explore the attributes of the complaint or symptom, when applicable.

*Examples: "Now I'm going to ask you a few more questions about this situation (this problem or symptom) so that I can understand it a little better." Consider asking about: location and radiation, chronology (When did it start? How has it evolved since then? How often? On what days and times?), type and quality, intensity, triggering factors, factors that improve and worsen it, associated symptoms, and treatments already tried.*

**5. First summary of the problems**

. Summarize the problems brought up or that were not mentioned, but are understood as a need by the professional, obtaining a list (physical or not) of the demands presented by the adolescent, or their companion (complaints, symptoms, requests, etc.)

. Confirm your summary with the adolescent, trying to use the adolescent's words to enumerate or describe the problems.

*Examples: "So, let me see if I understand correctly... You contacted us today because/to..."*

## 6. Detailed history of health, illness, and protection.

- . Explore the health and illness history in detail, as needed.

*Examples: "Have you ever had or do you currently have any health problems?" "Which ones?" "Are you currently undergoing treatment?" "Do you currently use or have you ever used any medication on a regular, prolonged basis?" "History of hospitalizations, surgeries?" If female, and according to a specific age range, "what was the date of your last menstruation?"*

- . Verify that vaccinations are up to date.

## 7. Verification of additional requirements

- . Verify additional demands until you run out of them.

*Examples, "And what else?" "Is there anything else that concerns you regarding your health?" "Would you like an evaluation on any other matter today?" "Is there anything else you would like to request or bring up?"*

## 8. Second summary of the problems

- . Summarize everything that has been brought up so far, adding to your list.
- . Confirm your summary with the teenager, trying to use their own words to enumerate or describe.

*Examples: "So, let's see if I still understand correctly... You contacted us..."*

## 9. Agreement on service

- . Agree on the care plan, defining what will be addressed in the consultation (preferably up to two problems).
- . Prioritize according to what is most important for the adolescent, seeking to reconcile it with what is most important from a nursing perspective, including any prior information that may have been obtained and not brought up during the interview, and remembering to inform the adolescent that if any problem worsens, they can return to the service.

*Examples: "In a routine consultation, we can usually adequately assess one or two problems. We will certainly schedule an evaluation of all the problems you brought up. But, what would be your priority for our consultation today? Remember that we will schedule an evaluation of the other situations as well." "Among the situations you mentioned, what is bothering or worrying you the most?"*

## 10. The adolescent's experience with the agreed-upon situation, if necessary.

- . Explore the main complaint or reason, citing what was agreed upon.
- . In this step, it is important to guide the interview to deeper levels of the complaint/reason/history. It is helpful not to introduce topics that the patient has not yet discussed. Try to demonstrate empathy to address feelings and emotions (support, respect and understanding). Evoke personal and emotional aspects, asking specific questions according to the history, context, perceptions, or emotional responses, exploring the experience with the illness.

*Example: you could use the AICFEF strategy:*

**A - Open initial questions:** "Tell me more about... (mention the agreed-upon problem)," "What is this/that like...?", "How have you been these past few days?"

**I - Ideas:** What do you think might have caused this? Did something happen in your life that you think is related to or could have caused this situation/problem?

**C - Concerns:** "Is there something about this situation/problem that is worrying you more?" "If it's been happening since... what made you seek help today?"

**F - Functionality:** How does this disrupt your routine, your day-to-day life?

**E - Expectations:** "And how do you expect me to help you with this problem today?"

**F - Feelings and affections:** "How do you feel about this?" "How has this situation/problem affected you?" "How has it affected you?"

*NOTE: In general, not all questions are necessary, nor are those discussed in the examples necessarily required. Consider what has already been stated in the previous explanations.*

## 11. Timely additional screening

. Track additional history promptly, taking advantage of the time with the adolescent. It is suggested to choose two or three items not yet addressed in the consultation to explore, taking care of the necessary referrals and educational strategies. Consider the context in which the patient is situated and their age.

*For this screening, the following strategy is suggested. **HEEADSSS***

**(H) home** – *Where do you live? What is your house like? Do you live in a high-risk area? Are there any structural risks or damages to the house? Who do you live with? What is your relationship like with the people you live with? What are the relationships like among the people in your home? What is the domestic environment like? Do you feel safe where you live? How many people live in each room? Do you share a room with anyone? If so, with whom? Is any family member incarcerated (prison) or serving an alternative sentence? What is the family's monthly income? Is the family a beneficiary of income transfer programs? What is the neighborhood like? Do you need to take care of siblings/nephews or other people? Are you responsible for any household chores (domestic activities)? Which ones?*

**(E) education/employment** – *Are you currently studying? What year are you in? What shift are you in? Did you have to repeat a year? How are your grades at school? What is your biggest interest in school? What activities interest you most at school? What is your relationship like with your classmates and school staff? What is the school environment like? Do you consider studying important? Do you work? Since when? What do you do? What are your hours? What days and how many hours a week do you work? What was the main reason that led you to work? Is your job formal? How much do you earn per month? Does your work interfere with your studies?*

**(E) eating disorders** – *How many meals do you eat per day? On how many days of the week do you eat vegetables? Legumes? Fruits? Meat? Fried foods? Sweets? What is your salt and sugar intake like? What is your fluid intake like? Are you currently on or have you ever been on a diet? How do you feel about your body? Are you happy with your weight and height?*

**(A) activities** – *What do you do besides school/work? Do you exercise? Which kind? How many times a week and for how long? How do you feel when you exercise (do you feel good, relaxed, tired, short of breath, have joint pain, etc.)? Do you own a cell phone? A computer? How much time do you spend on your cell phone, games, TV, computer, or tablet each day? Do you have internet access? Do your parents/guardians monitor the content you access? What do you usually access on the internet? How do technologies interfere with your studies?*

**(D) drugs** – *Have you ever had any experience with any type of drug (cigarettes, alcohol, marijuana, cocaine, ecstasy, hashish, crack)? When was this experience? What led you to this experience? Who were you with and where were you? Do you currently use any drugs? If so, when? How many times a day or week? Why did you continue using drugs? Have you noticed any harm from using drugs? If so, what do you do to deal with this harm? What is it like to talk about this subject at home? Does anyone else in your home use drugs? Do you have any concerns or questions regarding any particular drug?*

**(S) sexuality** – *How open are you to discussing sex and sexuality with your parents/guardians? Do you feel comfortable talking about it? What is your sexual orientation? What gender do you identify with? How do you feel about that? Have you ever experienced any prejudice or repression related to your sexual orientation or gender identity? If so, how do you feel about it? Are you in a relationship? Are you comfortable in that relationship? Do you know what an abusive relationship is? Can you identify if you are in one? Have you ever had sexual relations? Do you use any method to prevent pregnancy or sexually transmitted infections? Which one? Do you use this method in all relationships? Can you explain how you use this method? Why did you choose this method? Have you received guidance from a healthcare professional? Do you have any questions about the bodily changes you are experiencing?*

**(S) security** – *Have you ever suffered any type of violence (assault, aggression, bullying, cyberbullying, psychological violence, sexual violence, etc.)? Where? Who was the aggressor? How often does this happen? Have you done anything about it? What? Have you ever witnessed any type of violence? What type of violence? Who were involved? Did you do anything about it? What? How often do you witness violent situations? How do you feel about it? Have you ever caused violence to someone? Who? What was the reason? How do you feel about it? Did this action have consequences? What were they? Have you ever been in a car with someone who had consumed any type of drug and was driving? Do you use equipment to protect yourself from traffic accidents when you are in a car or motorcycle? Do you use protective equipment for sports that require this care?*

**(S) suicide** – *Have you been feeling sad? What are your expectations in life? What do you do when you feel sad: stay quiet? Cry? Have you ever thought about disappearing? Hurting yourself? Have you tried? In the last few weeks, have you been upset/sad about things that wouldn't normally upset you? In the last few weeks, have you started eating much more or much less than you were used to? If so, was there an apparent reason for this change in habit? In the last few weeks, have you had difficulty concentrating? In the last few weeks, have you felt inadequate or worse than other people? In the last few weeks, have you experienced changes in your sleep patterns, i.e., sleeping much more or much less than you were used to? Do you often feel lonely? How do you feel about the future?*

*In addition to HEEDSSS, consider:*

**Social screening**, *Including aspects such as: Do you participate in any social activities: religion, sports, social, community or cultural group? If so, is this participation important to you? If not, would you be interested in participating?*

**Screening family problems**: *Do your parents and siblings have any health problems, are they undergoing any kind of treatment? How is the health of your parents or guardians? Are there any significant illnesses in your family?*

## DISCUSSION

The developed guide, aimed at consultations in primary health care, demonstrated content validity for adolescent-centered clinical interviews for undergraduate nursing students. It addresses fundamental aspects of recognizing adolescents as subjects of rights, bringing principles that should be observed in the relationships between health professionals and this population group, including respect for their autonomy. It is important to highlight the emphasis on welcoming, privacy, confidentiality and secrecy, cordiality, comprehensibility, bonding, identification and recognition of the professional, barriers to communication, and aspects of the consultation dynamics, including the possibility of ideally having two moments in the consultation – the adolescent alone and with a family member/guardian.

The material developed is aligned with the principle that, regardless of the reason why the adolescent seeks care, each visit offers the professional the opportunity to detect, reflect on, and assist in resolving other issues distinct from the main reason for the consultation<sup>8</sup>. Whether or not these are routine visits by adolescents to the service, the appointments should be configured as opportunities for preventive actions in general and include an assessment of how the adolescent is feeling in relation to the bodily and emotional changes they are going through, their relationship with family and peers, expectations regarding the current care, and plans for the future.

The instrument may be useful in addressing weaknesses in the implementation of the Nursing Process. The guide has the potential to support the improvement of the use of open-ended questions at the beginning of the interview, to encourage the continuation of the account and the verbalization of feelings and concerns, which are often weak aspects<sup>13</sup>. Other points of weakness identified in studies that could benefit from the guide are related to not introducing oneself during the consultation and not having the practice of summarizing information and involving the person in care planning<sup>(13)</sup>.

In the context of undergraduate nursing education, the guide can serve as pedagogical support for students in the initial process of developing communication skills and conducting consultations with adolescents, especially when faced with sensitive topics and the need to build rapport. However, its use does not replace the development of clinical reasoning, qualified listening, and faculty supervision, and there is the challenge of avoiding a mechanized application of the interview. In primary health care, aspects such as reduced consultation time, structural weaknesses, and insufficient training for adolescent care may limit its incorporation into practice.

It may also be useful as support for improving the quality of care provided to adolescents in primary care. A key feature of providing quality health services to adolescents is the provision of confidential care<sup>(14)</sup>. Key principles in providing confidential care for adolescents include alone time with a health professional, maintaining the privacy of health information, and ensuring informed consent for services without the permission of a parent, guardian, or caregiver<sup>(14)</sup>. Although confidentiality is a basic principle for all healthcare encounters, regardless of age, the unique considerations for capable adolescent patients are not always perceived or appreciated<sup>(14)</sup>.

It is important that nursing graduate students have sufficient skills to understand that a phrase or word uttered by the adolescent, or even a gesture or their presentation, can shed light on some mark that can connect them to their own history or to some trait in which they can recognize themselves. As a communication exercise, the guide goes beyond words, highlighting the importance of paying attention to the emotions, gestures, voice, and expressions of adolescents.

The needs that led to the development of this guide may be common in many other scenarios. And even if it is not your focus, health professionals may also adopt the tool. Both professionals and students may find in this material a facilitator for addressing topics of interest in consultations with adolescents that are important for promoting health and self-care.

The guide is not intended as a space for recording care and does not cover physical examinations. The data generated will need to be recorded in the Adolescent Health Booklet and in physical or electronic medical records adopted by the services. During its use, it is important to use appropriate language, easy to understand, not treating the adolescent in a childish way, with positive reinforcement and non-punitive and non-blaming strategies.

Achieving adolescent-centered care and communication in nurse-patient clinical interactions is complex, as there are always institutional, communication, environmental, and personal or behavioral barriers<sup>(5)</sup>. But the use of the tool, combined with other actions, may contribute to the construction of comprehensive care for adolescents. Studies indicate that qualified communication interactions can promote better health outcomes and greater engagement with one's health<sup>(7,8)</sup>. The guide can assist

students in organizing the clinical interview and obtaining a comprehensive and adolescent-centered history, while also making it easier to empower the adolescent to develop autonomy, confidence, and responsibility for their own decision-making and health care management. It can enhance the ability of nursing students to formulate questions that aid conversation, seeking to understand the adolescent's perspective.

### **Study limitations**

The study has limitations related to the small number of experts and their concentration in a single institution, which may limit the diversity of perspectives and the generalizability of the results. The use of a three-point scale and the calculation of the CVI based on the proportion of agreement may limit the variability of responses and do not account for adjustments for chance agreement. In addition, the absence of assessment of other psychometric properties, such as construct validity, reliability, and stability, limits the use of the guide in broader assessment contexts and reinforces the need for future validation studies. It is also noteworthy that the validation process did not include adolescents as participants in the content evaluation stage, which may limit the understanding of the clarity, acceptability, and relevance of the material from the perspective of the audience directly involved in the clinical consultation.

On the other hand, the study stands out for its thematic relevance and contribution to clinical nursing education in adolescent care. It presents methodological rigor, with validation by the Delphi technique and use of the Content Validity Index. The phased development and pre-testing with students reinforce its potential applicability in teaching and practice in healthcare, but the study did not evaluate the guide's impact on educational, communicational, or care outcomes.

### **Contributions for the nursing area, health or public policy**

The proposed guide contributes to improving nursing education and practice by supporting the approach to adolescents based on the Person-Centered Clinical Method. In the health field, it promotes comprehensive care and communication in primary care, with the potential to strengthen the bond and the effectiveness of consultations. For public policies, it aligns with the principles of the Unified Health System (UHS) and can support the development of protocols, training guidelines, and continuing education initiatives focused on adolescent health.

### **FINAL THOUGHTS**

The developed guide demonstrated content validity for adolescent-centered clinical interviewing in undergraduate nursing programs and shows potential to support the tackling of difficulties in student-patient communication when teaching clinical interviewing skills to adolescents in undergraduate nursing

courses. It is recommended that this instrument be incorporated into the set of technologies aimed at training health professionals, consolidating and expanding actions with adolescents in Primary Care. The data obtained from its adoption may support the development of care plans consistent with the needs of adolescents and the training of nursing professionals.

## REFERENCES

1. Ishikawa H, Filho D, Eto M, Kitamura K, Kiuchi T. The information-giving skills of resident physicians: relationships with confidence and simulated patient satisfaction. *BMC Med Educ* [Internet]. 2017 [citado 02 mar 2026];17(1):34. Disponível em: <https://doi.org/10.1186/s12909-017-0875-6>
2. Santos JS, Andrade RD, Silva MAI, Mello DF. Nurse to adolescent health communication process: approach to Event History Calendar. *Rev Bras Enferm* [Internet]. 2020 [citado 02 mar 2026];73(3):e20180454. Disponível em: <http://dx.doi.org/10.1590/0034-7167-2018-0454>
3. Stewart M, Brown JB, Weston WW, McWhinney IR, McWilliam CL, Freeman TR. *Medicina Centrada na Pessoa: Transformando o Método Clínico*. 3. ed. Porto Alegre: Artmed; 2017.
4. Wenceslau LD, Fonseca VKT, Dutra LA, Caldeira LG. Um roteiro de entrevista clínica centrada na pessoa para a graduação médica. *Rev Bras Med Fam Comunidade* [Internet]. 2020 [citado 02 mar 2026];15(42):2154. Disponível em: [https://doi.org/10.5712/rbmfc14\(41\)2154](https://doi.org/10.5712/rbmfc14(41)2154)
5. Kwame A, Petrucka PM. A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. *BMC Nurs* [Internet]. 2021 [citado 02 mar 2026];20(1):158. Disponível em: <https://doi.org/10.1186/s12912-021-00684-2>
6. Brasil. *Proteger e Cuidar da Saúde de Adolescentes na Atenção Básica*. Brasília: Ministério da Saúde; 2018.
7. Brand PLP, Van Dulmen S. Can we trust what parents tell us? A systematic review. *Paediatr Respir Rev* [Internet]. 2017 [citado 02 mar 2026]; 24:65–71. Disponível em: <https://doi.org/10.1016/j.prrv.2017.01.003>
8. Nairz K, Böhm I, Barbieri S, Fiechter D, Hošek N, Heverhagen. Enhancing patient value efficiently: Medical history interviews create patient satisfaction and contribute to an improved quality of radiologic examinations. *PLOS ONE* [Internet]. 2018 [citado 02 mar 2026];13(9):e0203807. Disponível em: <https://doi.org/10.1371/journal.pone.0203807>
9. Gyllesten H, Björkman I, Ung EJ, Ekman I, Jakobsson S. A national research centre for the evaluation and implementation of person-centred care: Content from the first interventional studies. *Health Expect* [Internet]. 2020 [citado 02 mar 2026];23(5):1362–1375. Disponível em: <https://doi.org/10.1111/hex.13120>
10. Ventura F, Moreira IMPB, Raposo V, Queirós PJP, Mendes A. A prática centrada na pessoa: da idiosincrasia do cuidar à inovação em saúde. *Cad Saúde Pública* [Internet]. 2022 [citado 02 mar

2026];38(10). Disponível em: <https://doi.org/10.1590/0102-311XPT278121>

11. Gilbert GE, Prion S. Making sense of methods and measurement: Lawshe's Content Validity Index. *Clin Simul Nurs* [Internet]. 2016 [citado 02 mar 2026];12(12):530–531. Disponível em: <http://dx.doi.org/10.1016/j.ecns.2016.08.002>

12. Davis LL. Instrument review: Getting the most from a panel of experts. *Appl Nurs Res* [Internet]. 1992 [citado 02 mar 2026];5(4):194–197. Disponível em: [https://doi.org/10.1016/S0897-1897\(05\)80008-4](https://doi.org/10.1016/S0897-1897(05)80008-4)

13. Reis KGL, Serranegra NVF, Varela ALV, Almeida PA, Carrer MO, Barreto CP, et al,. Consulta de enfermagem em saúde da criança e competências para Enfermeiros de Prática Avançada. *Rev Esc Enfer USP* [Internet]. 2024 [citado 02 mar 2026]. Disponível em: <https://doi.org/10.1590/1980-220X-REEUSP-2023-0269en>

14. Agostino H, Toulany A. Considerations for privacy and confidentiality in adolescent health care service delivery. *Paediatr Child Health* [Internet]. 2023 [citado 02 mar 2026];172–177. Disponível em: <https://doi.org/10.1093/pch/pxac117>

---

**Acknowledgments:** We would like to thank the Office of the Vice-Rector for Extension of the Federal University of Minas Gerais.

**Funding:** None.

**Data Availability:** All the data are present in the manuscript itself.

**Authors' contributions:** Instrument design: Ed Wilson Vieira Rodrigues. Bibliographic research, data collection, analysis and interpretation, article writing and intellectual content review: Marina Cecília Belotti Oscar, Ed Wilson Vieira Rodrigues. Approval of the final version to be published: Marina Cecília Belotti Oscar, Tatiane Martins da Silva, Vanessa Aparecida Ribeiro Gomes, Ed Wilson Vieira Rodrigues.

Editor-in-Chief: André Luiz Silva Alvim 