**Gordon’s Functional Model Assessment Framework**

The Gordon’s functional model is an assessment framework used to assess and determine the health of a patient accurately. The framework is used for collecting subjective and objective data which is subsequently used to institute plan care for the patient in question. Gordon’s functional model has many features that physicians use to assess and plan a care treatment for a patient. The framework has several strengths and weaknesses. For the framework to function accurately, it makes use of specific data collection techniques, and the data is used to meet a person-centred assessment. Moreover, therapeutic communication skills are important since they support a physician in maintaining the safety of a patient.

**Assessment Framework**

Marjorie Gordon developed Gordon’s functional model assessment framework. Gordon’s assessment model has eleven major features. The health perception and health management feature are focused on collecting data of the patient’s perceived health level. The data collected is also used in maintaining the patient’s health. Additionally, the feature is used to evaluate a patient’s habits that may affect his or her health. The habits comprise of drug use, eating lifestyle and alcohol (Alonso et al., 2016).

 The second feature of the framework is metabolism and nutrition. This functional health feature focuses on the patient’s eating pattern, including the intake of fluids and food. The fluids and food consumption patterns are assessed with respect to the needs of the patient’s metabolism. The feature also evaluates the supply of nutrients and whether they are adequate. It also identifies potential or actual issues which relate to tissue integrity and the defence of the body host. Also, elimination is a feature of the model which collects data on a person’s excretory patterns. They are skin, bladder, and bowel (Temel and Kutlu, 2015).

 Exercise and activity is a feature of the assessment that collects data pertaining to an individual’s daily living activities that require energy. The activities comprise leisure and self-care actions. The data is used to evaluate the prominence of important body organs which are involved in energy exercises and activities. Additionally, the model has a perception and cognition feature which assesses a person’s ability to use his or her sensory functions to comprehend various tasks. The feature collects data pertaining to an individual’s neurologic functions (Temel and Kutlu, 2015).

 Rest and sleep is also an important feature that comprises of Gordon’s functional model. The assessment focuses on an individual’s relaxation, rest and sleep patterns. It also identifies if the individual experiences dysfunctional patterns of sleep, sleep deprivation, and fatigue. More so, the assessment framework has a self-concept and self-perception feature which assesses a person’s attitude regarding body image, identity, and self-esteem level (Temel and Kutlu, 2015). Other important features of Gordon’s functional model are relationships and roles, reproduction and sexuality, stress tolerance and coping, and beliefs and values.

Gordon’s functional model has several advantages. First and foremost, the model has no restrictions on age. It can be used on all individuals irrespective of their ages. Additionally, Gordon’s functional model is used to identify both dysfunctions and functions of an individual’s organs and lifestyle aspects. This is important since a physician can come up with an all rounded care plan. The model’s major weakness is that it relies on subjective data. As such, a person may manipulate the data, causing a physician to administer the wrong health care plan (Alonso-Coello, 2016).

**Ways That the Framework Supports Person-Centered Assessment**

The framework supports person-centred assessment through three main ways. These comprise of self-care deficit, self-care, and the nursing system (Martin and Felix-Bortolotti, 2015). Self-care consists of four main concepts. The first concept is self-care. Through the self-care concept, physicians assess all the activities which an individual can perform without being assisted and also which facilitates the wellbeing of the individual. Such activities are food, water, and air intake, balancing social interactions and solitude, and preventing hazards as well as facilitating normality. The second concept under self-care is a self-care agency. This concept enables a physician to assess a person’s capability of carrying out self-care activities whether there is assistance or not. Self-care requisites and therapeutic self-care concepts refer to the activities taken so as to provide a person with self-care and actions needed to meet the self-care requisites in existence respectively.

Secondly, self-care deficit is a theory that supports a physician’s offering of personal centred assessments. Through this theory, a physician identifies all the self-care activities that an individual cannot perform without the assistance of either another person or equipment. As a result, following the identification of such activities, the individual is further assessed since some activities are crucial to a person’s daily living. A physician identifies all the activities which require pertinent intervention. Once identified, the physician uses a nursing system to help the individual to undertake the self-care activities that they cannot undertake on their own (Martin and Felix-Bortolotti, 2015).

Gordon’s functional model meets the provision and coordination of care registered nurse competency standard. The competency deals with assessing groups or individuals, planning, implementing, and evaluating the care needed. The framework is effective in assessing a person’s health which leads to the identification of the functions or dysfunctions of various health aspects. Following the assessment, physicians can plan the needed care, implementing the process through which care will be provided, and eventually evaluating whether the planned care has been effective or requires another care plan.

To meet the competence, a physician using Gordon’s functional model can collect the data of vital signs. Collecting data on a patient’s vital signs comprises the data of six major signs which are considered to be the most important in a human being. They are important since they are the primary data which are used to diagnose the health of an individual. The signs are blood pressure, heartbeat rate, also known as pulse, index of a person’s body mass, pain, and respiratory or breathing rate (Blumenthal & McGinnis, 2015).

**How Therapeutic Communication Skills Help Maintain Patient Safety**

Therapeutic communication skills are very important in ensuring that a physician collects accurate data with the aim of maintaining patient safety (Bowles, Mackintosh & Torn, 2001). They are particularly important when collecting data regarding the patient’s vital signs and also when using Gordon’s functional model in assessing a patient and developing an appropriate care plan. Firstly, a physician needs to be an active listener. Listening actively as the patient describes all the important details regarding his or her health is very important since it forms the basis upon which a physician will provide a care plan. Most of the features of Gordon’s framework necessitate a patient to give important details regarding their health.

 In addition, silence is a crucial therapeutic communication technique in facilitating patient safety. In using Gordon’s assessment framework, both a physician and the patient are constantly exchanging information with the sole aim of carrying out a successful assessment. Hence, briefly pausing and reflecting on the exchanged information enables all parties to understand what it fully means, enabling them to give an appropriate response. This ensures that there is no room for errors, consequently shielding the patient from wrong diagnosis and inaccurate care plan.

 Besides, a physician or nurse who is either using Gordon’s functional model or collecting data pertaining to the patient’s vital signs should be fully focused. Moreover, for the nurse to collect the most accurate data, the patient should also be focused on providing the needed information. Data collection during assessment is two-way traffic which depends on the accuracy of both the nurse and the patient. All parties involved in the data collection process should avoid talking about things that are not relevant to the assessment. Focusing fully on the assessment and implementation of a care plan protects a patient from wrong diagnosis which could lead to the wrong treatment (Tropea, 2012).

While collecting data, open-ended questions are effective therapeutic communication techniques that ensure a patient remains safe. Open-ended questions are questions which require a patient to provide more information regarding any of the identified features of Gordon’s functional model or during data collection of vital signs. Open-ended questions are different from close-ended questions that only require a simple no or yes as the answer. Open-ended questions furnish a physician or nurse with more details, enabling them to conduct an accurate assessment. As a result, a physician can provide an accurate care plan in line with the information given by the patient. Open-ended questions ensure patient safety since the patient is given an opportunity to express even the tiniest detail regarding his or her health.

    Lastly, clarification is an important therapeutic skill during patient assessment using Gordon’s functional model and during the collection of data which pertains to vital signs. The nurses or physicians carrying out an assessment has the responsibility of ensuring that they clarify any information that a patient provides (Tropea, 2012). Clarification ensures that collected data is devoid of assumptions, biases, errors, or inconsistencies. In the case that any of the aforementioned problems are present in the collected data, they may lead to the wrong development and implementation of a care plan. Other therapeutic skills which can ensure a patient’s safety are exploring, paraphrasing, restating, reflection, providing a patient with helpful leads, summarizing, recognizing, acknowledging and accepting, probing all information, and the readiness to offer self-information.

**Conclusion**

 Gordon’s functional model assessment framework is one of the most used assessment frameworks in the medical world. The features of the model are highly effective in carrying out an effective assessment which is needed for accurate implementation of a care plan. The features include but are not limited to health management and health perception, metabolism, and nutrition, elimination, exercise and activity, perception and cognition, rest and sleep, self-concept and self-perception, amongst many others. Furthermore, the framework greatly assists physicians in providing a person-centered assessment. Three major theories, or rather concepts, facilitate the providence of a person-centred assessment. The concepts are self-care, self-care deficit, and nursing system. Also, Gordon’s functional model meets the coordination and provision of care RN competence. A physician can ensure that he or she meets the competence through collecting data on the patient’s vital signs. However, so as to ensure patient safety, a nurse should adhere to therapeutic communication skills. They include active listening, focusing, clarification, and use of open-ended questions.

**References**

Alonso-Coello, P., Schünemann, H. J., Moberg, J., Brignardello-Petersen, R., Akl, E. A., Davoli, M., ... & Morelli, A. (2016). GRADE Evidence to Decision (ETD) frameworks: a systematic and transparent approach to making well-informed healthcare choices. 1: Introduction. *BMJ*, *353*, i2016.

Bowles, N., Mackintosh, C., & Torn, A. (2001). Nurses’ communication skills: An evaluation of the impact of solution‐focused communication training. *Journal of Advanced Nursing*, *36*(3), 347-354.

Blumenthal, D., & McGinnis, J. M. (2015). Measuring Vital Signs: an IOM report on core metrics for health and health care progress. *Jama*, *313*(19), 1901-1902.

Martin, C. M., & Felix-Bortolotti, M. (January 01, 2015). Person-centred health care: A critical assessment of current and emerging research approaches. *Journal of Evaluation in Clinical Practice.*

Temel, M., & Kutlu, F. Y. (January 01, 2015). Gordon's model applied to the nursing care of people with depression. *International Nursing Review, 62,*4, 563-72.

Tropea, S. (2012). ‘Therapeutic emplotment’: a new paradigm to explore the interaction between nurses and patients with a long‐term illness. *Journal of advanced nursing*, *68*(4), 939-947.