



## DVD REVIEW

### **Preventing Diabetic Foot Ulcers: The 3-Step Program**

**Family Health Media, [www.FamilyHealthMedia.com](http://www.FamilyHealthMedia.com); 800-366-3641, 434-296-8465. Other Web sites: [www.IWGDF.org](http://www.IWGDF.org), [www.CPEDS.org](http://www.CPEDS.org). Program length: 18 minutes.**

This DVD was very thorough. The demonstration of the 3-step program was informative, simplified, and complete, with the expectation of self-care through self-examination. The basic direction of the 3-step program can be understood by all tiers of knowledge and thus can be performed in a straightforward manner at home.

The brief pathophysiology explaining the progression of potential foot ulcers was clear. This particular segment brings explicit understanding of the medical term “neuropathy.” It helps the consumer/patient to fully understand the concept regarding daily foot inspection, the rationale for tighter blood glucose control, and the recommendation not to smoke cigarettes.

The foot character, named Archie, is amusing and a fun way to learn because it relates to all. The actors/actresses

identified with the population of folks with diabetes. In addition, the health professional narrator who reviewed the steps assisted with incorporating the 3-step process. The Web sites for reference, the notice to the folks that the film is for informational purposes only, and the poster with the 3-step procedure, tips, and pictorials are a complimentary supplement for the consumer.

I strongly recommend this DVD (video) be observed by all nurses to assist in:

1. Enhancing a “must-know” education.
2. Teaching in a simplified and captivating manner to patients.

However, I especially advocate this video be observed by home care nurses because the home care nurse has a special opportunity to bond and educate the patient with diabetes in the patient’s home environment, which is more conducive to learning. I also suggest that this video can be observed directly by the home care patient and family because all can benefit from the program.

*Marina Donahue MS, RN, CDE, NP-C, is Inpatient Diabetes Nurse Practitioner, South Shore Hospital at South Weymouth, MA.*

## BOOK REVIEW

### **Infection Control in Home Care and Hospice, Second Edition**

**Rhinehart, E., & McGoldrick, M. (2006). Sudbury, MA: Jones and Bartlett Publishers, Inc. Telephone: 978-443-5000; Web site: [www.jbpub.com](http://www.jbpub.com); 245 pp; \$68.95.**

The second edition of the reference manual *Infection Control in Home Care and Hospice*, by Emily Rhinehart and Mary McGoldrick, is an excellent resource for the home care and hospice practice arena. The comprehensive coverage of the topic infection control, as specifically related to home care and hospice, and the organization of this subject matter are two areas the authors have attended to well, with good results. Their work carries an endorsement, in the form of “official publication” designation, from the standards setting professional organization APIC (Association for Professionals in Infection Control and Epidemiology, Inc.), providing testimony to the quality of this publication.

This edition adds up-to-date information on bioterrorism considerations and the recently identified SARS (severe acute respiratory syndrome) as related to home care and hospice settings. In-depth treatment of

pediatric, home infusion, food preparation, and pet issues as related to infection control are valuable sections of this resource. In addition, a number of useful forms are included (data collection and infection report guides).

Discussion of bag technique and bag contents (in the chapter "Personal Protective Equipment and Staff Supplies") is brief, although controversial aspects of this subject are well delineated. Expansion of this area may be useful. The inclusion of additional information regarding the required reporting of specific diseases and organisms and the role of and assis-

tance available through local public health agencies and their relationship to Centers for Disease Control (CDC) would provide practitioners who are external to hospital settings valuable context.

The dynamic nature of the infection control arena makes the publication of resource materials challenging in that standards are continually updated. The authors make careful note of areas in which revision is under way or planned using footnotes prominently placed on the first page of applicable chapters (examples: notes on the first pages of chapters 7 and 8 highlight the planned update

of "Isolation Precautions" from the CDC, which were published in December 2005).

The authors of *Infection Control in Home Care and Hospice* provide examples of the application of infection control principles and standards to home care and hospice settings throughout this manual. This adaptation of general information to the specialty practice setting makes this resource an exceedingly time efficient valuable tool for practitioners. ■

*Susan Fay, MSN, RN, is the Communicable Diseases Coordinator, Fairfax County Health Department, Fairfax, VA.*

## National Stereotypes Are Common and Mistaken, Study Reports

A study conducted by the National Institute on Aging (NIA) examined the accuracy of national character stereotypes in 49 cultures worldwide. National character stereotypes are not generalizations based on observation of the personality traits of people in a country. They are social constructions, most likely based on socioeconomic conditions, history, customs, myths, and values of a culture.

The study was conducted by Antonio Terraciano, PhD, and Robert R. McCrae, PhD, and 85 colleagues from around the world. The study was named the Personality Profiles of Cultures Project and was supported by the NIA. Researchers asked 3,989 raters to describe the "typical" member of their own culture. When comparing the average trait levels to the stereotypes, the information did not match. Personality traits such as that of Indian citizens typed themselves as unconventional and open to a wide range of new experiences, but measurements of personality show this culture to be more conventional than the rest of the people in the world. Americans believe a typical Ameri-

can is very assertive and Canadians believe a typical Canadian to be submissive. Fact is Americans and Canadians have almost identical scores on measures of assertiveness, a little above world averages.

McCrae states, "National stereotypes can provide some information about a culture, but they do not describe people." McCrae also goes on to say that "stereotypes can be unfavorable and form the bases for prejudice, discrimination, persecution, or even genocide." One final note from McCrae: "We need to remind ourselves to see people as individuals, whether they are Americans or Lebanese, Gen Xers or senior citizens."

### SOURCE

The National Institute on Aging is one of 27 Institutes and Centers that constitute the National Institutes of Health. Press releases, fact sheets, and other materials about aging and aging research can be viewed at the NIA's general information Web site, <http://www.nia.nih.gov>