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## Implementation of Basic Life Skills and the Effectiveness of a Cooking Group

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# Implementation of Basic Life Skills and the Effectiveness of a Cooking Group

Meghan Cote OTD/S

Adeline Warren OTR/L ~ Lakeland Regional Hospital, Bannasch - Inpatient Rehabilitation



Lakeland Regional Health®

(Lakeland Regional Hospital, 2022)

## Introduction

- Capstone experience focus area: Program Development
- Purpose of this capstone project: create a cooking group with a survey to determine each participant's viewpoints on their current capabilities before and after participating in one cooking group.
- Population: Adults soon to be discharged back to the community
- A cooking group provides socialization with peers, teaches important safety techniques, functional mobility, use of adaptive equipment, completing Activities of Daily Living/ Instrumental Activities of Daily Living (ADLs/IADLs), energy conservation techniques, and strengthening exercises that may benefit their overall independence.

## Site Description

Lakeland Regional Hospital

- Bannasch tower - inpatient rehabilitation
- 32-bed facility
- Private Patient Rooms
- Occupational and Physical Therapy gym

## Summary of Needs Assessment



(HuntonBrady, 2022)

Increase client independence within a therapeutic cooking group



(HuntonBrady, 2022)



(HuntonBrady, 2022)

Developing a cooking group procedural handbook for a therapeutic cooking group

## Literature Review Summary

Implementing cooking intervention groups are often used in various settings of occupational therapy to incorporate tasks to meet individualized set goals.

Groups within occupational therapy focus on activity, occupation, and the utilization of occupational skills and patterns to facilitate enhanced occupational performance and promote health and wellness (Zedel & Chen, 2021).

Cooking involves functional uses including fine motor, gross motor, standing balance/tolerance, endurance, increased independence in the return of former vocational activities, socialization along with many others (Hill et al., 2007).

A cooking group can lead to many positive outcomes such as a feeling of accomplishment, a newfound hobby, improved rehabilitation capabilities, nutrition intake, learning new recipes, and cooking, among many different outcome possibilities (Kirchen et al., 2017).

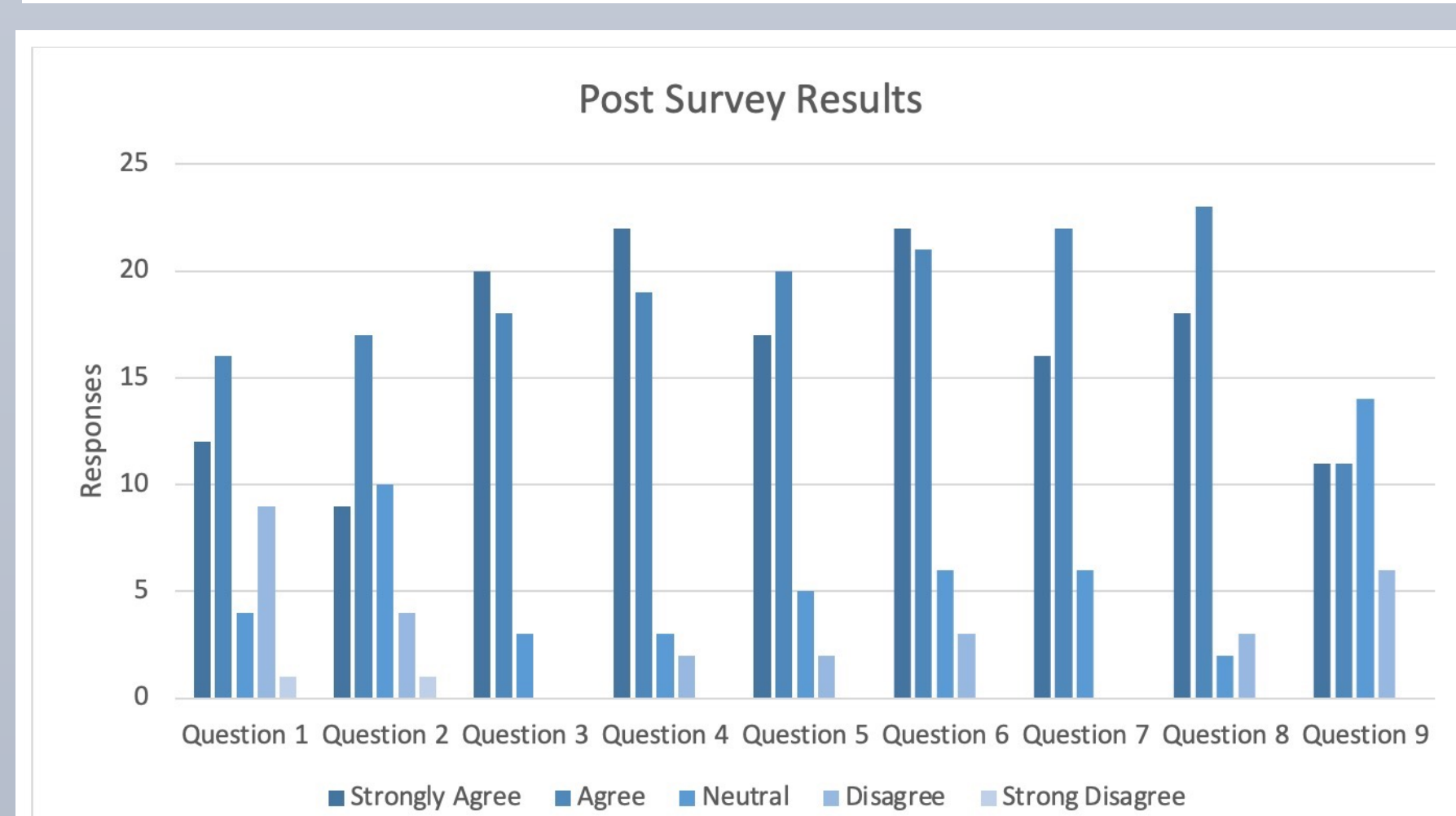
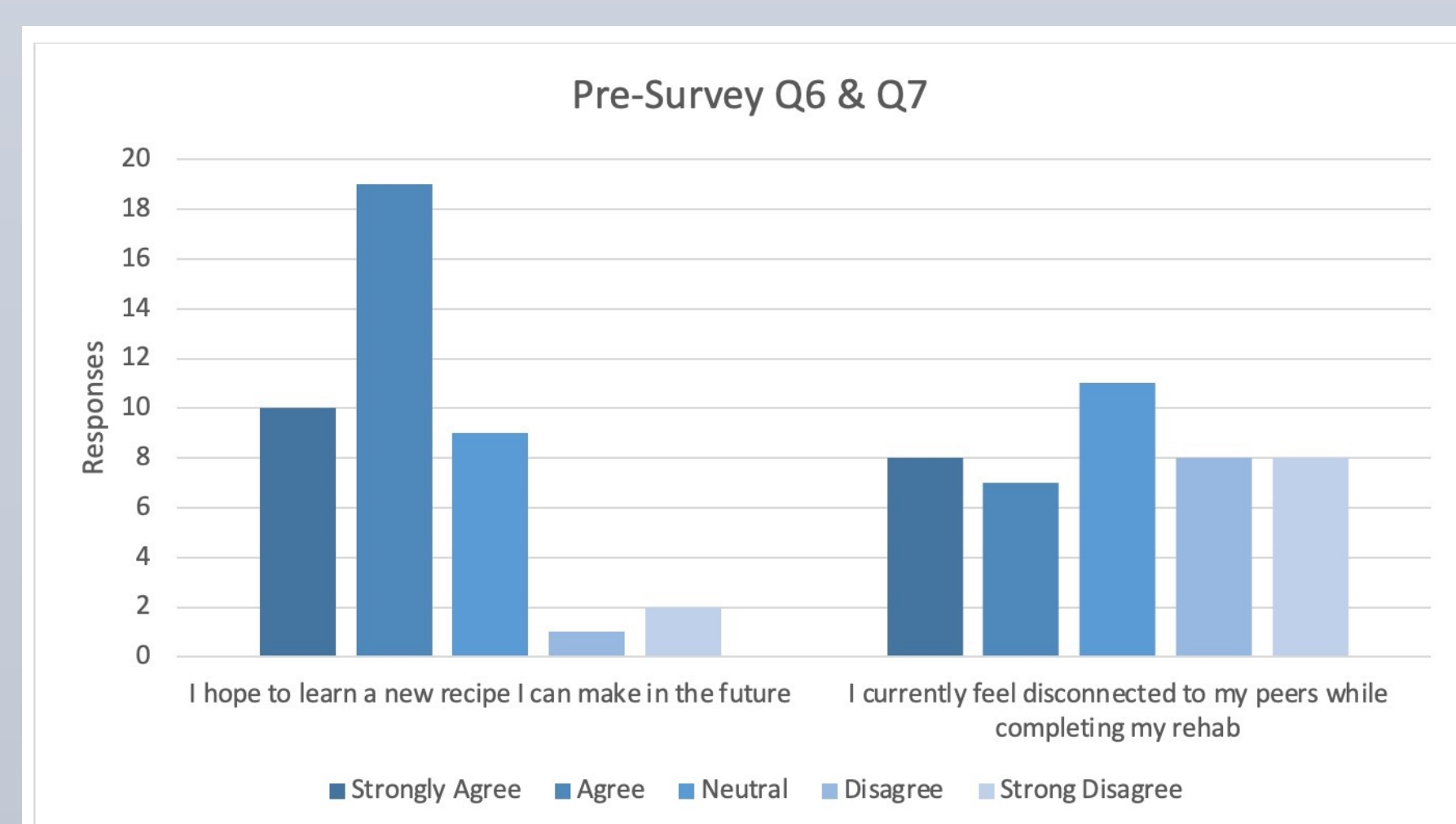
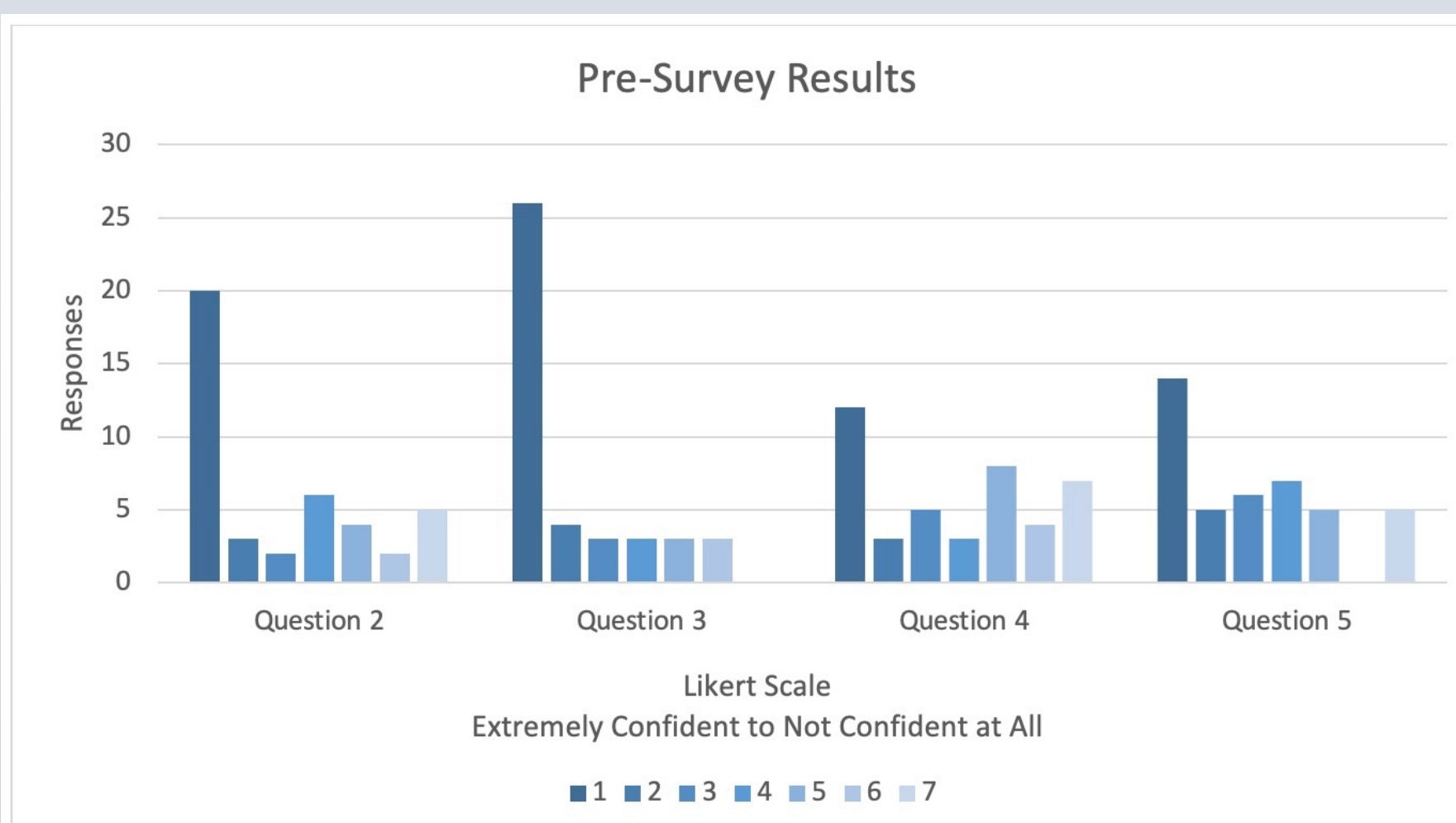
Evidence-based cooking group provides: general nutritional knowledge, cooking skills, one-on-one assistance, financial consideration, an appropriate level of difficulty and speed, activities to increase independence and appropriate nutritional foods for specific conditions/diets (Farmer et al., 2018).

Cooking can provide an occupational synthesis and create the just-right challenge and participate in an appropriate cooking level that would best fit to accomplish set goals for each client (Bryant & McKay, 2005).

Results show that those who participate in a cooking group while in the rehabilitation setting can positively influence the functionality of socialization activities and decrease anxiety and provide a supportive environment (Hill et al., 2007).

## Capstone Project Description

- Cooking group conducted once a week for 10 weeks for 60 minutes per session.
- 42 participants total
- Pre and post surveys were created and administered to gather information from each participant.
- Development of the screening tool encapsulated the viewpoints of each client's standpoint before and after completion of cooking group.
- Participants demonstrated increased ADL/IADL skills to facilitate highest level of independence prior to discharge.
- Screening tool goal: Establish participants viewpoint of implementation of a cooking group as therapeutic intervention.



Pre- and Post-Survey Results (Cote, 2022)

Pre-survey: 7 questions

1. In a normal week, how often do you prepare and cook a main meal

A. Daily D. Once a week  
B. 4-6 times a week E. Never  
C. 2-3 times a week

2. How confident do you feel about cooking alone? (Please select one)

Extremely Confident 1 2 3 4 5 6 7 Not at all Confident

3. How confident do you feel about following a simple recipe? (Please select one)

Extremely Confident 1 2 3 4 5 6 7 Not at all Confident

4. How confident do you feel about tasting foods that you have not had before? (Please select one)

Extremely Confident 1 2 3 4 5 6 7 Not at all Confident

5. How confident do you feel about preparing and cooking new foods and recipes? (Please select one)

Extremely Confident 1 2 3 4 5 6 7 Not at all Confident

6. I hope to learn a new recipe I can make in the future.

☐ strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree

7. I currently feel disconnected to my peers while completing my rehab.

☐ strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree

Post-survey: 9 questions

1. I would make this meal again on my own.

☐ strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree

2. My knowledge and understanding of healthy eating and cooking skills have increased.

☐ strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree

3. I found the recipe to be easy to make.

☐ strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree

4. I was able to follow the speed of the group and follow directions without difficulty.

☐ strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree

5. I learned something new (recipe or cooking skill).

☐ strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree

6. I found this cooking group to be an important part of my rehab recovery.

☐ strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree

7. Cooking with others allowed me to feel more social with peers my age.

☐ strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree

8. I would participate in this group again.

☐ strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree

9. This group increased my cooking confidence.

☐ strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree

Pre- and Post-Survey (Cote, 2022)

## Learning Objectives Achieved

1. Designed and implemented a cooking group to increase socialization among peers for those receiving services from inpatient rehab.
2. Demonstrated increased confidence of cooking skills through education and intervention from a therapeutic cooking group.
3. Effectively implemented and created a cooking group procedural handbook for a successful therapeutic cooking group.



(Cote, 2022)



(Cote, 2022)



Lakeland Regional IADL Kitchen (Cote, 2022)

## Implications for OT Practice

Implementation of a cooking group may promote increased functional independence in ADL/IADLs

- Participants may benefit from therapeutic cooking group with increased peer support and socialization.
- A therapeutic cooking group may be viewed as a valued intervention during the participants rehab stay.
- Participants cooking confidence may increase by end of group.
- A comprehensive procedural handbook will facilitate implementation of a therapeutic cooking group.

## References

My appreciation goes to Adeline Warren, OTR/L for her guidance that contributed to the completion of this capstone project.

References Available Upon Request