

# 'Cook and Count', Virtual Cooking Classes and Carbohydrate Counting for Young People, in These Times of COVID Where Face to Face Meet Ups Are Not Possible

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## Introduction:

In the past, diabetes education has been conducted face to face. This was not possible in times of COVID19. Previously, we had discussed teaching carbohydrate counting through cooking, but not having access to a teaching kitchen got us thinking.

## Objectives:

- Improve carbohydrate counting knowledge, expertise and confidence
- A young person focused, peer supported activity that will be fun.
- Give young people the skills to be able to carbohydrate count independently in school, at home and when out with friends, with a focus on supporting children going from primary to secondary schools. Reduce isolation of young people during lockdown, with the chance to meet others virtually who also have type 1 diabetes.
- Devising an accessible activity using technology young people are familiar with.

## Method:

The team dietician decided to run virtual cooking and carbohydrate counting sessions via Zoom, targeting the 8 -12 years age bracket with parents in the background (fig 1). The sessions; scones, pizza, mince pies/strawberry stars. Each session to be run virtually by a dietician and a nurse zooming in separately from their own kitchens. A poster was designed advertising the 'Cook and Count' session, with pictures of the delicious cooking they would have chance to produce (fig 2). These were distributed by e-mail as well as mentioning when being seen in virtual clinics. If a young person showed interest, a follow up telephone call took place from the dietician to tell them more about the sessions and to see if they would like to take part. One week before, a list of ingredients and equipment needed on the day was e-mailed to each young person attending. Reminder e-mails and texts were sent the day before and on the morning of the activity. A quick and easy to fill evaluation questionnaire was then designed to inform future sessions in line with our PDSA cycle (fig 3).

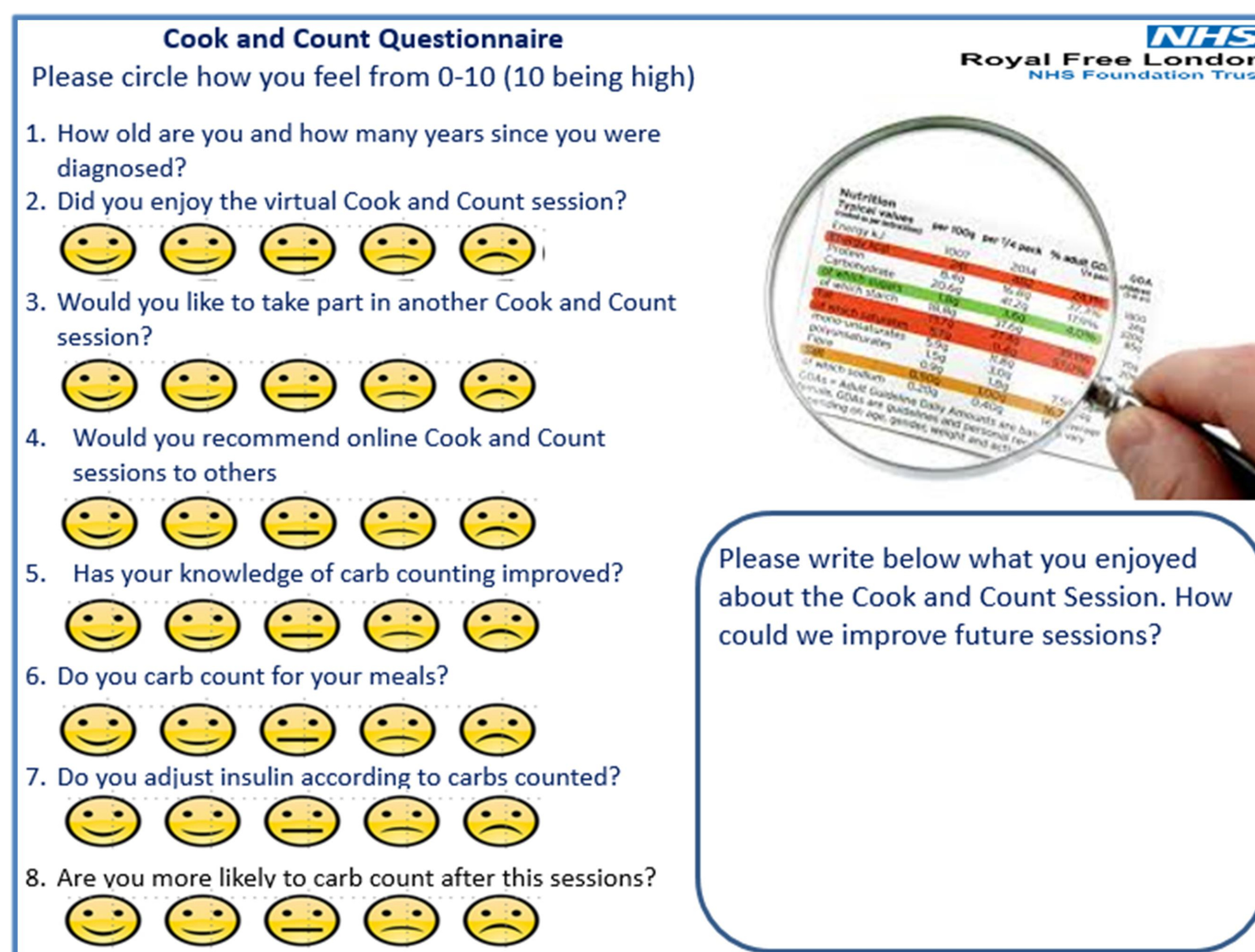
Fig. 1



Fig. 2



Fig. 3



## Results:



## Feedback

- 'Jane loved the baking yesterday and enjoys these sessions with everyone. Thank you'
- 'Dear Kate, Thank you for your time, Louise loved the session'
- 'Thank you for the pizza workshop today. As you may have guessed I am not good at all at cooking and hence, Sara was nervous about it not turning out well. But she was very pleased the pizza turned out not as bad as she was thinking. Thank you for all the support.'
- 'James has a severe peanut allergy so it gives him more confidence to try new foods when he prepares himself, with the added bonus of working out the carbs too!'

## Conclusions:

As health care professionals it was a pleasure to see children learning through doing and having fun. This has been a successful way to achieve this during a time when face-to-face teaching was not possible. We considered this to be a huge success and will continue to do when the lockdown is lifted. Young people did not need transport for such sessions, although they did need computer and internet access. Lockdown has meant young people have had time available to access such sessions. Going forward, we will need to think carefully about when best to schedule sessions in order to maximise numbers.