# T6.1.i Cost benefit analysis - WoSSP template

*This template is not designed to provide a comprehensive cost/benefit analysis framework but can be adapted to fit with your WoSSP program evaluation process.*

*Your evaluation will consider the various costs and benefits of the WoSSP program. These will be considered alongside key program criteria such as those listed below:*

* *students (such as numbers, days on placement etc.,)*
* *staff (time, resources, supervision etc.,)*
* *organisational (time, space, equipment, staff etc.,)*
* *community (relationships, system development, student support etc.,)*
* *patients (improved health outcomes, health recommendations etc.,)*

*While many of these costs and benefits will be obvious and easily measurable (such as salaries, equipment and system development), there will be a range of costs/benefits that are less obvious.*

*We have set out below a comparative table of the kinds of cost/benefits you might consider in the design of your program evaluation. The table is intended as a guide only – items can be added or subtracted from the list depending on your context and evaluation plan.*

| **Measure** | **WoSSP model** | **Traditional placement models** |
| --- | --- | --- |
| Placement model | Whole-of-System, community based placement in a defined geographic region   * Placement costing $ | Discipline specific placements in a specific health setting/health care environment   * Placement costing $ |
| Students | * Number of students * Number of placement days * Placement revenue per student $ * System development including timetabling, coordination, policies and procedures * Equipment * Space and facilities * Health system engagement – frequency/type * Graduate interviews & placements | * Number of students * Number of placement days * Placement revenue per student $ * System development including timetabling, coordination, policies and procedures * Equipment * Space and facilities * Health system engagement – frequency/type * Graduate interviews & placements |
| Clinical supervision | * Staff rosters * Staff supervision of students including time, wages, resources * Student timetabling * Placement coordination * Breaks between students (e.g., days/weeks) * Policies & procedures – requirements and development * Staff/supervisor satisfaction * Student orientation -days/staff/hours * Professional skills development * Staff/discipline collaboration | * Staff rosters * Staff supervision of students including time, wages, resources * Student timetabling * Placement coordination * Breaks between students (e.g., days/weeks) * Policies and procedures – requirements and development * Staff/supervisor satisfaction * Student orientation – days/staff/hours * Professional skills development * Staff/discipline collaboration |
| Clinical teaching | * WoSSP Educator – Salary/time $ * Co-teaching contributions – Salary/time $ * Placement model ethos e.g., Patient centered/whole of system etc., * Customised curriculum for local context * Interprofessional | * Individual clinical supervisors – Salary/time $ * Other staff – Salary/time $ * Placement model ethos e.g., Patient centered/whole of system etc., * Separate curricula * Singular disciplines |
| Clinical Placement Structures | * Cross institutional model * Centralised placement and administration * $ for placement administration | * Institution specific * Distributed placement and administration * $ for placement administration |
| Patients | * Number of direct care hours * Formal patient handover * Changes to patient health management plans * Patient satisfaction * Type of patient encounters (e.g., home, community, clinic, ward) * Family/care-giver encounters | * Number of direct care hours * Formal patient handover * Changes to patient health management plans * Patient satisfaction * Type of patient encounters (e.g., home, community, clinic, ward) * Family/care-giver encounters |
| Community Engagement | * Evidence of collaboration * Stakeholder engagement – type/level * Health system development * Feedback/accountability * Health system satisfaction | * Evidence of collaboration * Stakeholder engagement – type/level * Health system development * Feedback/accountability * Health system satisfaction |
| Program (from where patients are recruited e.g., HARP, early intervention, rehab etc.,) | * Quality improvements e.g., handover, oversight, additional patient contact, extended intervention, feedback, policies/procedures etc., | * Quality improvements e.g., handover, oversight, additional patient contact, extended intervention, feedback, policies/procedures etc., |