# 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

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| 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
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* Changes to patient health management plans
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* 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.,
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