

# Big Ten Case Study: How Health Professions Faculty are Evaluated, Incentivized, and Rewarded for Interprofessional Education in Academia

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## Abstract

**INTRODUCTION** The number of interprofessional education (IPE) initiatives for health professions students has dramatically increased in the past few years. As a result, there is a demand for health professions faculty at higher education institutions to participate in interprofessional learning events and to engage in IPE related research. Interprofessional education occurs across health professions; however, faculty effort outside one's own health profession may not be equally recognized or rewarded as teaching, scholarship, or service within one's profession. This is a challenge faced by many IPE centers and programs.

**METHODS** This study used a multiple case study design of universities across the Big Ten IPE Academic Alliance ("IPE Alliance") (Ascione et al., 2019) to describe similarities across the IPE Alliance in terms of faculty evaluation, incentives, and rewards for participation in IPE efforts.

**RESULTS** Results of the study include examples of emerging successful practices, a summary of challenges experienced across institutions, and recommendations for enhancing faculty engagement in IPE.

**CONCLUSION** Current systems for evaluating, incentivizing, and rewarding faculty for interprofessional education are modest and have an unclear impact on faculty effort. To build a sustainable IPE program, universities will need to put more emphasis on formal recognition efforts.

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## Implications for Interprofessional Practice

- The implications of this study are not directly related to interprofessional student learning or patient care. Instead, this study focuses on the academic faculty who participate in interprofessional education and practice, which is a critical element for the long-term sustainability of an IPE effort.
- IPE Alliance universities report many similarities in the way faculty are evaluated, incentivized, and rewarded for participation in IPE teaching or related research. Such a consensus can be a useful guide to the implementation of IPE recognition at other institutions.
- Most faculty evaluation systems are not currently designed to distinguish IPE contributions from overall teaching efforts. This distinction should be made to appropriately recognize faculty contributions since IPE is listed in accreditation standards for a growing number of health professions accreditation organizations.
- Student evaluations in courses taught by an interprofessional team of faculty may not provide individual faculty feedback. This is especially challenging for IPE because most courses are taught by teams of faculty. This creates challenges for faculty to gather individual data evaluating their teaching performance for the purposes of merit, promotion, or other recognition.
- Modest incentives or rewards for participation, such as thank you notes and certificates of participation, can engage faculty in IPE, especially for faculty who are leaders and champions of IPE.

## Introduction

Interprofessional education (IPE) continues to grow as a means to prepare students for collaborative practice in new models of care. IPE seeks to improve Quadruple Aim outcomes by addressing population health, patient experience, per capita cost, and provider work-life balance (Health Professions Accreditors Collaborative [HPAC], 2019). To further this work, 23 health professions accreditation organizations have included IPE standards (HPAC, 2019). By definition, IPE requires faculty across multiple professions to work together to create shared educational experiences for students. However, collaborative work such as IPE may not be equally recognized in faculty performance evaluations because advancement opportunities tend to be based on individual accomplishments (Soares, 2015).

Interprofessional education works best when it engages all faculty (HPAC, 2019), is an actionable core value across the institution, and is supported (Kotter, 2007) and resourced by senior-level administrators (Cerra et al., 2015; Hammick et al., 2007; Reeves et al., 2016). Enablers such as including explicit language in perfor-

mance evaluation guidelines, providing compensation for IPE responsibilities, allowing protected time for IPE, recognizing the work among peers, and/or giving public awards are important to ensure that faculty are recognized for their involvement in IPE endeavors (Greer & Clay, 2010; Ho et al., 2008). However, the path to achieve these goals appears to be difficult as only about 30% of institutions reference IPE in promotion and tenure guidelines according to a national survey of IPE centers and programs conducted by the American Interprofessional Health Collaborative (American Interprofessional Health Collaborative [AIHC], 2020).

Faculty involvement is necessary for successful IPE programs (Brashers et al., 2012), and the need to assess, incentivize, and reward faculty effort for IPE has been substantiated and agreed upon by multiple studies (AIHC, 2020; Lawlis et al., 2014; Najjar & Ascione, 2020). Yet, faculty effort in IPE endeavors is not always documented or evaluated and may not count toward faculty advancement (AIHC, 2020). Greer and Clay (2010) posited that contributing factors to this phenomenon are the wide variety of organizational systems wherein IPE occurs and the varied missions of different units within institutions. Other challenges

for proper recognition include difficulty identifying the additive effects of IPE when coupled with traditional health professional education and difficulty rewarding educational innovation or collaboration (Brewer et al., 2016; Ho et al., 2008; Lawlis et al., 2014; Najjar & Ascione, 2020; West et al., 2016).

Indeed, problems quantifying and describing individual contributions in IPE during faculty performance or merit-based evaluations can be problematic and may even undermine participation in IPE efforts (Kearney, 2008; Gilbert, 2005). Because of the challenges, faculty may actively choose not to engage in IPE or report their work. Thus, IPE involvement may be less attractive to junior or tenure track faculty compared to senior tenured academicians (Hall, 2005).

Institutions have slowly begun to include IPE in annual performance reviews, faculty incentive programs, and criteria for faculty advancement. As mentioned above, about 30% of respondents to a national AIHC survey of IPE programs reported including IPE in their promotion and tenure procedures. The methods by which this was accomplished were not explained by respondents, although limited qualitative comments from participant universities alluded to describing IPE as a teaching innovation, encouraging review committees to acknowledge and value collaboration across units, and ensuring that faculty members' overall educational efforts are rewarded (AIHC, 2020).

Given the limited data available for faculty evaluation, incentives, and rewards related to IPE, the Big Ten universities engaged in an effort to describe and compare processes used across their institutions to advance understanding in this area. The process was facilitated by the Big Ten Academic Alliance, which is a consortium of 14 research universities that collaborate on a wide range of academic and administrative initiatives. A subgroup of the Alliance was formed to address IPE efforts. The Big Ten IPE Academic Alliance (referred to in this paper as the "IPE Alliance") started in 2015 as a mechanism for institutional leaders working in IPE to share experiences and best practices across member universities (Ascione et al., 2019). While the IPE Alliance is not an official peer group within the Big Ten Academic Alliance, each of the 14 universities chose one representative who led IPE at the institutional level to serve as a member in the IPE Alliance. Most of these members are the formal or informal leaders of IPE ef-

forts at their university. The common feature of the Big Ten universities is that they are generally characterized as large "research intensive" universities substantively invested in health professions' education. Nearly 50,000 health science learners and more than 600 of the 53,000 full-time faculty create, teach, or facilitate IPE across its 14 universities each year (Internal IPE Alliance data and Big Ten Academic Alliance, 2021).

Most of the universities in the IPE Alliance have well established IPE programs that have been in existence for several years. Many of the members have been part of the IPE Alliance since its inception. Thus, they are in a position to share strategies they use to ensure a successful program. In this case, the IPE Alliance was interested in learning more from each other about existing methods to encourage faculty involvement in their IPE activities. The purpose of this paper is to illustrate the variety of early approaches used across the IPE Alliance universities to evaluate, incentivize, and reward faculty related to IPE education and research, with an emphasis on similarities and successful practices among them.

## Methods

Using a multiple-case study design of universities in the IPE Alliance, authors conducted a two-phased data collection over a six-month period, including: 1) a six-item open-ended survey, and 2) semi-structured interviews comprised of five questions. The data collected from these methods were used to develop several descriptive cases. These cases were then analyzed for similarities using qualitative methodologies.

The IPE Alliance executive leadership team, consisting of 3 members (past-Chair, Chair and Vice Chair), constructed the six open-ended questions (Table 1) inquiring about the faculty evaluation process with a focus on interprofessional education and scholarship. Survey questions were vetted, agreed upon, and distributed to the IPE Alliance member from each university including the 3 members of the IPE Alliance executive leadership team via email in June 2018. Each IPE Alliance member queried others at their institution, as needed, to provide complete and comprehensive answers. An IPE Alliance member from 13 of 14 universities responded to the survey. The IPE Alliance Chair aggregated responses into one document. The full IPE Alliance reviewed the responses at its Annual Meeting in

July 2018 and identified five focus areas to explore in further detail to enable meaningful comparison across universities. A subgroup of five individuals, including the 3 members of the IPE Alliance executive leadership team, then generated five semi-structured interview questions (Table 2), one for each identified area.

Two members of the subgroup conducted approximately 30-minute interviews by telephone approximately three months after the annual meeting with the 13 IPE Alliance study participants (“participants”) who responded to the original survey.

1. Does your institution have a standard annual performance evaluation process for faculty?
2. How does your institution evaluate quality and impact of teaching?
3. How is interprofessional education effort accounted for and valued at your institution?
4. How is interprofessional scholarship accounted for and valued at your institution?
5. Do interprofessional teaching and scholarship have the same weight that other forms of teaching and scholarship have at your institution? How are they integrated into annual performance evaluations or advancement processes?
6. Does your institution have standardization of promotion and tenure policies and procedures across the different health professions schools?

**Table 1.** *Performance differences between cases, across trials<sup>a</sup>*

<sup>a</sup>Participants were encouraged to provide a narrative along with those responses.

1. How is the quality of IPE teaching or facilitation evaluated at your institution?
2. Have you identified successful strategies in the P&T process to incentivize and reward IPE teaching or facilitation? If so, what? When was it implemented?
3. Aside from Promotion and Tenure, what do faculty who teach or facilitate interprofessionally at your institution gain from doing so?
4. Specifically, what do you do to recognize or acknowledge faculty who teach or facilitate interprofessionally?
5. Since Spring/Summer 2018, have the conversations in the Big Ten IPE Academic Alliance influenced what you do at your institution to evaluate, recognize, or reward faculty who teach or facilitate interprofessionally? If so, how?

**Table 2.** *Semi-Structured Interview Questions*

Data from the survey responses and the semi-structured interviews were compiled, iteratively analyzed by the authors for topics, and compared against each other to identify patterns based on accepted qualitative analysis techniques (Maxwell, 2005; Merriam & Tisdell, 2009; Petty et al., 2012). Specifically, the five subgroup members initially reviewed the data independently and then together, to synthesize answers into a list of the main topics until there was consensus around practices and challenges to evaluating, incentivizing, and rewarding faculty effort in teaching IPE across the IPE Alliance. These topics were validated through member-checking and approval by all fourteen institutional members including the member who was unable to participate in the survey or interview. It was important to include this member both for external validation and to ensure the results were representative of the entire IPE Alliance.

## Results

Faculty promotion guidelines appeared to be relatively uniform across participant Big Ten universities for tenure track positions and typically followed the recommendations of the American Association of University Professors (2018) on academic freedom and faculty governance. However, for non-tenure track faculty, the promotion guidelines varied, but the sample size was too small to identify specific variations in promotion guidelines. Nevertheless, the approaches to evaluation, incentive, and reward structures were similar enough to identify commonalities. The key topics and subtopics identified from the narratives collected from participants are shown in Table 3. Two major topics were identified: a) Evaluation of IPE Teaching and Related Research and b) Incentives and Rewards.

Topic	Subtopic
Evaluation of IPE Teaching and Related Research	Documentation
	Evaluation
	Challenges
Incentives and Rewards	General Approach
	Acknowledgement of Efforts
	Specific Rewards
	Challenges

**Table 3.** Key Topics and Subtopics

### *Evaluation of IPE Teaching and Related Research*

The major topic of Evaluation of IPE Teaching and Related Research was subdivided into the three subtopics: Documentation, Evaluation, and Challenges. Documentation of education and teaching efforts occurred through the general tracking system for faculty performance at all but one of the participant universities (12 of 13, 92%). However, there was variability across the participant universities in terms of how or if specific IPE teaching and research was tracked and reported. As an example, one participant noted, “IPE activities are generally ‘events’, rather than classes. Credit for teaching is only given to faculty when something is counted in the electronic academic and professional record, which does not consider events.” At the time of the survey, 11 of the 13 (85%) participant universities were unable to distinguish IPE from non-IPE teaching in the institutional-level faculty activity databases. This presents numerous challenges for faculty wishing to report IPE activity for credit towards promotion and tenure, as expressed by this participant, “...means we have to really work to extract the data and faculty need help translating that into the P&T process. Or, if faculty are putting documentation together at the last minute and don’t know where to get help, they end up leaving it out entirely.” For the two participant universities who could make this distinction, the number of IPE activities reported markedly increased when IPE-specific tracking was implemented. One participant was able to quantify the increase and reported, “There was more than a 100% increase in the number of IPE activities reported in the university faculty database once we added that option as a choice within each category, rather than just enabling faculty to report it on their own.”

Evaluation of faculty IPE teaching across the IPE Alliance study participants followed a similar pattern. All the participant universities used similar, standardized processes to evaluate the quality and impact of teaching and relied heavily on student course ratings. Many (7 of 13, 54%) also used peer reviews, teaching awards, number of published manuscripts, dissemination of other forms of scholarship related to teaching, and education grants received. Ten of the 13 (77%) participant universities routinely gathered student-reported ratings of satisfaction, learning, perceived utility, and overall quality for many of their IPE events or programs. Six of the 13 (46%) participants mention that the students do not have the opportunity to evaluate specific facilitators of the activity and instead evaluate the activity as a whole or the facilitators as a group. Two (15%) did provide facilitator-specific evaluations and five (38%) did not comment if they did or did not.

Most participants (11 of 13, 85%) indicated that IPE teaching was valued equally with other forms of teaching at their universities when it comes to the annual review process. One participant stated, “From a P&T standpoint it [IPE] is counted the same way, either as teaching or scholarship depending on the activity.” Another participant perceived that positive changes in this area have occurred over time, “There has been a perception that IPE work was not valued at the same level as individual work, but that seems to be changing. Departments and colleges updated their criteria to include explicit language about how interprofessional and interdisciplinary work will be evaluated (specifically requesting information about faculty member’s involvement).” However, faculty may be more likely to be rated on merely participation, as opposed to the quality of their facilitation. One (8%) participant mentioned that the annual evaluation process looked

at individual “quantity not quality...there is no specific evaluation of the quality of facilitation.” Of the four (31%) participants that mentioned attempts to assess quality or impact of IPE, their students were asked to evaluate IPE cases or IPE course content (e.g., knowledge of a particular content area) rather than the quality or impact of individual facilitators.

Finally, several challenges were noted by participants regarding the evaluation of IPE teaching and related research. All participants (13 of 13, 100%) cited at least one challenge for IPE teaching including: a) a relative poor perceived value of IPE teaching efforts compared to “uniprofessional” efforts; b) variability as to how interprofessional learning is incorporated into health professions education (e.g., curricular versus extracurricular, required versus optional); c) confusion about how interprofessional activities should be classified (i.e., as teaching, scholarship, or service); d) the collaborative nature of work in this area, sometimes making it difficult for students to recognize or provide data about individual faculty performance; and e) the focus on small group learning may make it difficult to assess teaching impact.

Participants mentioned two challenges for IPE-related research. Many (5 of 13, 38%) participants noted challenges in the use of traditional metrics of success to describe the quality and impact of IPE-related research. Further, participants described some variation in how scholarship activities were valued in the annual review process, whether IPE-related or not, such as is reflected in one specific comment, “The challenge comes when what counts for publication is first and last authorship, and there was a team who participated equally in the study and manuscript. Those in the middle are not recognized.”

### *Incentives and Rewards*

Responses to questions about Incentives and Rewards was subdivided into four categories: General Approach, Acknowledgement of Efforts, Specific Awards, and Challenges. Incentives and rewards for teaching excellence in IPE varied across the participant universities. As a general approach, teaching excellence in IPE could be reported in a manner consistent with how faculty demonstrate excellence in uniprofessional teaching. Participants from only three of 13 (23%) participant universities reported specific language within

their merit-based reward structures addressing IPE as an independent means of demonstrating teaching excellence. The remaining participants (10 of 13, 77%) reported opportunities to submit examples of teaching excellence in IPE for consideration of department, unit, or university-level awards previously limited to uniprofessional teaching innovation or educational excellence.

Six (46%) of the participant universities acknowledged faculty efforts in IPE informally through several mechanisms, including thank-you notes or emails, end-of-year letters, receptions, certificates, website and annual report accolades, and various internal and external teaching awards. Specific examples cited by the participants were: a) inviting IPE facilitators to an annual reception and giving them a certificate, award, or ribbon recognizing the quality and longevity of their work; b) individual letters to faculty and their department chairs or deans, summarizing their engagement in IPE and related committees or work groups; c) highlighting faculty exemplars on an IPE center’s website, through social media, in an annual report, and in other publications such as newsletters; d) an academic productivity bonus not specific to IPE but for which facilitating, teaching, or designing IPE events could be used as criteria of productivity; e) financial awards or support for scholarship, including providing money for travel to present at national meetings; and f) a certificate documenting and celebrating hours of participation in campus IPE events.

A few participant universities provide formal specific rewards to incentivize and recognize faculty participation in IPE. Examples cited by the participants were: a) enabling faculty to report IPE activities as part of incentive plans that could generate an end-of-year financial bonus; b) giving faculty special access to development programs designed to enhance their IPE skills and networks; and c) financial support for faculty travel or teaching release, pilot grants for IPE-related research, or implementation of new projects.

A desired approach considered by many of the participants was development of a meaningful awards system that sufficiently recognizes the exceptional IPE contributions of faculty. At the time of this survey, only one of 13 (8%) participant universities had created such a system. At that university, prestigious annual cash awards were given to faculty in the areas of in-

dividual teaching, group teaching, and overall leadership related to IPE. The faculty were selected through an awards committee and recognized through the IPE center's website. The Center Director noted that, "the awards have been very well received by the faculty and promoted to the faculty member's academic unit. In almost all cases, their success at achieving the award is valued by the unit, sometimes including an extra cash reward during their annual review."

The challenges associated with the IPE incentive and reward efforts described by the participants were related to a lack of strong evidence regarding their effectiveness. The participants reported these activities because they believed they were successful within their university, especially with the early adopters or champions of the IPE movement. As one participant noted, "Our faculty champions are highly motivated anyway, but these attempts to reward and acknowledge them can help validate their passion." However, none of the efforts described have existed long enough to thoroughly evaluate their impact.

## Discussion

This study sought to illustrate the variety of early approaches used across the universities in the IPE Alliance to evaluate, incentivize, and reward faculty related to IPE education and research. While the study participants recognize the challenges to this work (e.g., lack of perceived value of IPE compared to uniprofessional coursework, emphasis on individual accomplishments for promotion, and lack of evidence for the value of IPE incentives and rewards) there are also common practices reported within the IPE Alliance which may be informative to other universities interested in increasing and sustaining faculty involvement in IPE initiatives. Most of the participant universities have incorporated evaluations for IPE-related teaching and research into existing faculty tracking systems. Additionally, many participant universities provide acknowledgements and awards to faculty engaged in IPE initiatives through informal structures such as thank-you notes, certificates, mentions on websites and annual reports, financial awards, and access to faculty development and pilot grant programs.

However, to create a sustainable IPE program with informed and engaged faculty, the IPE Alliance participants recognize the need to address the challenges to optimizing faculty evaluation processes, creating in-

centives, and rewarding faculty for their involvement in IPE. The existing efforts may be valuable as immediate, low-resource attempts to support faculty especially in the beginning phases of IPE implementation when the movement is generally run by highly motivated individuals (Brashers et al., 2012; Fook et al., 2013; Waggle & Laattoe, 2014). However, the participants agree that more powerful incentives and rewards are needed to effectively sustain faculty interest over time (Kotter, 2007; Rogers, 2003). These challenges are not new and have been recognized for quite some time. Substantial changes at the level of academia may only be possible when healthcare system team-based care and collaborative practice models more closely align with university IPE initiatives (Brandt, 2015).

Lawlis et al. (2014) described key barriers to IPE relevant to faculty evaluations, incentives, and rewards. At the level of the individual, these included lack of reward for faculty and lack of perceived value of IPE. These themes are echoed in the challenges seen by the IPE Alliance. Many universities in the IPE Alliance continue to place value on the individual contributions of faculty whereas most of the teaching and research done in IPE is a collaborative effort whereby each faculty member has an important and equal contribution. A focus on individual contributions by academia makes it challenging for a faculty member to be enthusiastic about, see value in, and see the rewards of IPE teaching and research. In fact, one could postulate persistent institutional emphasis on individual achievements could disincentivize pursuit of collaborative IPE teaching and research.

IPE Alliance study participants point out that evaluations for IPE are collected but not adequately coded as IPE in many faculty tracking systems. Additionally, nearly half of the participants noted that student ratings of courses taught by an interprofessional team of faculty may not be focused on individuals. This makes it challenging for an individual faculty member to garner the course evaluations required by many universities to judge teaching performance. Therefore, IPE efforts may go unrecognized, and specific evaluations will be lacking - making those faculty deserving of rewards based on IPE involvement difficult to identify.

The relatively modest efforts reported within the IPE Alliance to support faculty IPE efforts offer intermediate, efficient approaches, but are unlikely to be suf-

ficient to sustain IPE programs. Other strategies are needed for sustained involvement of the majority of faculty. Suggestions include establishing faculty development programs (Ho et al., 2008; HPAC, 2019; Lawlis et al., 2014), recognizing IPE contributions in promotion criteria (HPAC, 2019), and recognizing faculty effort towards successful implementation of IPE (Ho et al., 2008; HPAC, 2019). Movement from intermediate to long-term sustainable approaches for faculty support is a next step for the IPE Alliance members.

While the authors recognize that the IPE Alliance represents only 14 universities in the United States, it is likely that the approaches and challenges faced by the IPE Alliance universities are also experienced at other institutions. A study of the organizational models of IPE programs carried out by the National Center for Interprofessional Practice and Education (AIHC, 2020) provides insight into 80 such programs. They found that only 8.75% (7 of 80) institutions have faculty whose effort in IPE is recognized and rewarded as part of a standard workload. In fact, 33.75% (27 of 80) of programs rely entirely on faculty who volunteer for this work. Additionally, 43% of IPE programs make no reference to IPE in promotion and tenure guidelines, and of those that do, only 5% are at the institutional level (AIHC, 2020). Lack of recognition and reward, including promotion, for IPE seems to be systemic across IPE programs. Until benefits of IPE are demonstrated to be transferable directly into healthcare settings and the value that IPE adds to care teams is documented by improved patient outcomes or enhanced collaborative practice/team functioning, the barriers to recognizing and rewarding faculty involvement in IPE will likely continue to present challenges for academia. This study further emphasizes the urgent need for research that documents return on investment for IPE, to address issues that impact the long-term sustainability of IPE efforts.

### Limitations

All the data used in this process was obtained through reporting by IPE Alliance members. The mechanisms by which each obtained the information was left to the discretion of the individual, as it was for the purposes of understanding the lived experiences of these leaders with their faculty rather than to form an exhaustive list of practices across the universities.

Members from all the IPE Alliance universities participated in at least one aspect of the study, with one IPE Alliance member only able to participate in reviewing aggregate reports and member-checking the results due to scheduling challenges. Adding information from this source to the dataset could influence the results and recommendations. However, the findings were reviewed and endorsed by the entire IPE Alliance and were supported by the literature.

There may be inherent biases from the authors since their universities were involved in the study. Moreover, the small number of universities in the study limits the generalizability of these findings to other universities or regions. A similar study conducted at different institutions or in another region of the country could result in different findings.

### Conclusion

The findings from this multiple case study provide insight into the pattern of similarities across the university systems in the Big Ten in terms of health professions faculty evaluations, incentives, and rewards. This is a critical issue since faculty participation in IPE is necessary to prepare a collaboration-ready workforce capable of meeting the challenges of the Quadruple Aim. Our findings show that faculty evaluation systems may not be equipped to document IPE contributions of faculty members or to distinguish evaluations of each faculty member in collaboratively taught activities. This can potentially disincentivize collaborative IPE research and teaching. The IPE Alliance universities have implemented early incentive and reward systems, such as acknowledgement of faculty effort and providing specific rewards (such as pilot grants). However, these efforts are relatively modest and their impact on faculty IPE effort is not clearly established. While the existing systems may be sufficient for faculty who are highly motivated to conduct IPE teaching and research, this approach is not sustainable, especially for engaging less-passionate faculty members. A sustainable IPE program will need to place further emphasis on formal recognition of IPE efforts and implementing promotion criteria which incorporate IPE contributions.

Future research is needed to better assess the value of modest incentive and reward efforts. The research should also provide direction regarding the development of more effective incentives and rewards that can

provide sustained support for faculty members' IPE teaching and related research efforts. Future studies should also focus on institutional policies that may impede or enable interprofessional health sciences faculty advancement. Additionally, a follow-up case study on smaller or non-research-intensive institutions, to determine if or how their approach differs, could be useful.

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