**Supplementary Online Material for:**

Rider, E.A., Comeau, M., Truog, R.D., Boyer, K., Meyer. E.C. (2018). **Identifying Intangible Assets in Interprofessional Healthcare Organizations: Feasibility of an Asset Inventory**.*Journal of Interprofessional Care.*

Table 1. Developing an Asset Inventory: Learning exercise steps and aims adapted from the KJ Method

|  |  |  |
| --- | --- | --- |
| **Steps and Aims**\* | **KJ Method**\* | **Adaptation and Implementation** |
| *Determine topic for study, problem solving, or idea generation* | Consider: What are you trying to achieve?  State question for focus. | * Goal: To explore the organization’s intangible assets and their value by creating an Asset Inventory, with the goal of using it to guide strategic directions and decision-making, and to gain a greater understanding of the interprofessional healthcare education/training organization * Question for focus: *What are the organization’s intangible assets?* |
| *Bring group together* | Include people from different parts of organization; varied perspectives | * Diverse group: interprofessional, varied roles and level of experience, clinicians from 4 professions, educators, health services researchers, leadership team, faculty, affiliates, administrative staff, project managers, trainees/interns, and individuals from several institutions |
| *Generate ideas*  *“Label making”* | Relevant facts and information is written on individual cards or “sticky notes” – one thought, idea, fact, or concept per card.  General emphasis is that facts and ideas are important, relevant, and verifiable. | * Pre-work: Participants asked to think about and reflect on the focus question prior to the retreat. * Participants encouraged to write down all ideas that come to mind – one idea per ‘sticky note’. * Participants worked in dyads and groups of 3 to generate ideas. * Used overlying concept of appreciative inquiry – identifying the positive, ‘good’, rather than problems. |
| *Display ideas* | Cards are grouped together; categories identified and named  Group similar items. | * Ideas presented to the large group and discussed. * Similar ideas grouped together. New ideas added. * Open discussion during this step. |
| *Sort ideas into related groups*  *“Label grouping”* | Group redistributes cards to create a better fit; sorting continues until consensus is reached.  This step is traditionally done in silence, without discussion. | * Intangible assets were sorted and re-sorted into “buckets”/categories via open discussion. * Expert facilitation was used to encourage all viewpoints to be heard. |
| *Create category (“header”) names*  *“Group label naming”* | Name of category (“header”) should capture the link among ideas on the cards.  A header summarizes the facts in a group. | * We started with several general categories. These were revised/changed and new categories were added during the process. * Group discussed categories to gain understanding about how they related to each other and the rationale for each grouping. |
| *Draw finished diagram / chart*  *“Chart making”* | Make chart of groups and sub-groups, arranged spatially. Can show with symbols the relationships between labels, groups (i.e., cause and effect, contradiction, interdependence, correlation, etc.) | * Assets identified were placed in categories on walls of room – one flip chart paper per category. |
| *“Explanation”* | Explain chart verbally and then in writing to help participants understand interrelationships among the parts of problem.  Vote on most important groups | * Categories and sub-categories were reviewed and discussed, followed by a facilitated group discussion, and sharing of reflections and insights on the process and categories. * Categories and sub-categories of invisible assets were transferred to a written document after the retreat. The document was shared with participants for feedback and further refinement. * Final themes discussed by senior clinicians and agreed on by consensus. |

\*Adapted from Kawakita (1991) and Kunifuji (2016).

Rider, E.A., Comeau, M., Truog, R.D., Boyer, K., Meyer. E.C. (2018). Identifying Intangible Assets in Interprofessional Healthcare Organizations: Feasibility of an Asset Inventory.*Journal of Interprofessional Care.*