**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

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| **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?*
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| *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
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| *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.
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| *Display ideas* | Cards are grouped together; categories identified and namedGroup similar items. | * Ideas presented to the large group and discussed.
* Similar ideas grouped together. New ideas added.
* Open discussion during this step.
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| *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.
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| *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.
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| *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.
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| *“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.
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\*Adapted from Kawakita (1991) and Kunifuji (2016).

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