How Creative Is That Idea?
Thoughts About Creating A Depth of Innovation Scale
Paul Plsek
Version 4 Revised April 6, 2004 (from original dated November 7, 2003)

Introduction and Issue

In working with health care organizations using DirectedCreativity™ techniques, discussion often arises about the degree of creativity or innovative-ness of the ideas generated in a session. These notes explore this issue and propose a practical “depth of innovation” scale that I would like to test in several settings.

Understanding the Creative Process

There is general agreement in the literature that the creative process involves connecting and rearranging knowledge in the mind. When someone suggests that hospitals ought to have drive-through windows for dispensing health care services, they are making an unusual mental connection between two otherwise familiar things. The drive-through window and the hospital are both familiar things; the creative act is to think of them together.

It is the degree of unusualness in the connection (or, the “distance” of the connection) that is typically what we are talking about when we describe the intuitive notion of degrees of creativity. For example, consider these three ideas about ways to deliver services in a new wing of a hospital…

1. “We could have a registration desk and a waiting area, etc.” Here, the person is making a mental connection between the ways services are delivered in other parts of the hospital and how they might be delivered in the new wing. This requires some level of imagination and insight since the new wing does not yet exist, but the connection is not very original. One could say that there is not much mental distance between the current hospital wings and this new one; they are very similar, nearly identical.

2. “We could install a drive-through window to do lab sample drop-offs, prescription refills, brief education, influenza shots, etc.” Here, we see a connection between how services are dispensed in a fast-food restaurant and in a hospital. This requires somewhat more imagination. The mental connection is not so typical; there is a greater mental distance between the fast-food industry and a hospital. Therefore, this idea seems more creative than the one above. However, when you stop and think about it, there are some basic similarities between service delivery in fast food and hospitals. Both embrace the paradigm of the customer coming traveling for access to service, and both envision the service delivery happening in a fixed location that belongs to the producer of the service.

3. “We could create a mobile specialty clinic that could be rapidly set up in a shopping mall or on an employers’ premise, etc.” Here, the person is still making connections to existing concepts; we have no trouble imagining a mobile clinic in that we are familiar with large vans and we know that medical personnel and associated equipment could be transported to other places. However, the
connections here are a bit more unusual. Unlike the drive-through window idea where the connection with the fast-food industry immediately comes to mind when someone mentions the idea, it is a bit harder to quickly identify an analogous situation in this instance. Perhaps a bookmobile, or a blood drive, or an insurance salesperson who comes to your home—but it is a bit more of a stretch. The mental distance of the connections is, therefore, greater. It is hard to quantify this “distance,” but intuitively we can see that it is greater than it was with either of the other two ideas above. Furthermore, this idea challenges some of the fundamental paradigms about service delivery; something that was not as true about idea number 2 above. Here, we are going to the customer and using a non-fixed asset (we could go further and challenge additional paradigms). The fact that fundamental paradigms have been challenged is also linked to our intuitive notion of “distance.” In the end, this third idea is more creative than the two before it.

A Proposed “Depth of Innovation” Scale

Any scale designed to answer the question “How creative is this idea?” must reflect this intuitive notion of the unusualness or distance of the mental connection. To be reliable (i.e., two people using the scale to evaluate the same idea would arrive at close to the same rating) the scale must also provide commonly understood anchor points.

I propose the following scale for evaluating an idea. Select an idea for consideration and choose the statement below that you think best describes it:

1. **Usual Thinking.** This idea is the typical approach to the topic at hand. It is the way that most people in our industry (here, health care) handle it. Most similar teams, groups, departments, or organizations in our industry (health care) are already doing something very similar to this.

2. **Potential Better Practice Thinking.** This idea is an adaptation of ideas that are becoming somewhat common in other organizations in my industry (here, health care); but it is still a fairly new idea. Only one-third or fewer similar teams, groups, departments, or organizations in our industry (health care) are doing something like this.

3. **Clever Thinking.** This idea is a really clever twist on our existing ways of doing things; it is creative thinking on a small scale.

4. **Creative Connection Thinking.** This idea is a creative adaptation of ideas and concepts that are common outside my industry, but rarely used within my industry (here, ideas that are common outside health care, but not common within health care).

5. **Paradigm Busting Thinking.** This idea fundamentally challenges current mental models and paradigms in our industry (here, health care) in an uncommon way; it is creative thinking on a deeper scale.

6. **Original Thinking.** This idea is really a new concept and is truly amazing; no one has ever thought of anything like this before!
Returning to the three previous examples…

- The idea of providing registration areas, etc. would score a “1.” It is useful, but not particularly creative.
- The idea of the drive-through window would score a “4.”
- The idea of a mobile clinic in malls and office buildings would score a “5.”

To fill out the list…

- An idea about providing open access appointment scheduling would score a “2” because this idea is becoming a common “best practice” in health care. Note that for the original pioneers, this idea would have scored much higher. However, over time, ideas that once were considered creative can become common. This is a well-described phenomenon in the innovation literature.
- An idea about having patients come out to the nursing station on the floor to get their own medications from the nurse at appropriate times, and to make documentation notations on a special form that will go in the medical record, would score a “3.” It does not really alter deep, fundamental paradigms (the meds are still under the control of the nurse who is still involved in the process, documentation is still required on paper forms, etc.) but it is a clever twist on the usual process. While it picks up on the concept of “customer self-service,” it does not quite rise to a score of “4.”

Discussion of Pros and Cons

The proposed scale both incorporates the intuitive notion of mental distance, or unusualness of connection, and provides easily understood anchor points.

The scale would be helpful in rating the many ideas generated in a typical DirectedCreativity session in order to reflect on the distribution. Feeding back to the group the distribution in the middle of a session might provoke the group to higher levels of creativity, or might suggest specific tools and methods that could be used to fill in the gaps. For example, if there are few “4” ideas, we might try randomly suggesting other industries or using the mental benchmarking tool.

We would not want to become overly fixated on the scores of individual ideas or the distribution for a group of ideas. In the end, all that really matters is that we get at least a few ideas that are useful in addressing the issue and that are as innovative as we need them to be. A group that generates 19 “1” and “2” ideas, but one “5” idea that they eventually implement would probably be judged as more innovative than a group that generated 5 ideas each in categories “1” - “4,” but selecting a “2” to implement. This rating scale is just one component of an overall approach to increasing the innovativeness of an organization.

It might be useful to allow 0.5 increments in the scale, but trying to score finer than that is probably stretching the concept too much.

The rating scale does depend somewhat on the knowledge of the raters; how much do they know about what is common in their own industry and others? The rating might also differ by national setting; that is, a concept might be rather common in British industry but not so in the US, or vice-versa.
There is the danger that the scoring could de-motivate participants in a creative thinking session. Suppose someone genuinely has never heard of offering same-day appointments in health service (advance access) and comes up with this idea in a session by noticing that the current paradigm typically includes waiting for an appointment. For that person, the idea was creative and the mental action that they went through is commendable. To then tell that person that this idea only rates a score of “2” could be deflating (much like the “killer phrases” that are often cited as blocks to organizational creativity). Care would obviously be needed in using the scale and in communicating results.

**A Proposed Test of the Scale**

I am interested in developing this concept and testing the scale for reliability and usefulness. Interested? Please contact me at PaulPlsek@DirectedCreativity.com for more information.
Paul Plsek’s Depth of Innovation Scale
Version 3, February 13, 2004

Select an idea for consideration and score it on a 1-6 scale by choosing the statement below that you think best describes it:

1. **Usual Thinking.** This idea is the typical approach to the topic at hand. It is the way that most people in our industry (here, health care) handle it. Most similar teams, groups, departments, or organizations in our industry (health care) are already doing something very similar to this.

2. **Potential Better Practice Thinking.** This idea is an adaptation of ideas that are becoming somewhat common in other organizations in my industry (here, health care); but it is still a fairly new idea. Only one-third or fewer similar teams, groups, departments, or organizations in our industry (health care) are doing something like this.

3. **Clever Thinking.** This idea is a really clever twist on our existing ways of doing things; it is creative thinking on a small scale.

4. **Creative Connection Thinking.** This idea is a creative adaptation of ideas and concepts that are common outside my industry, but rarely used within my industry (here, ideas that are common outside health care, but not common within health care).

5. **Paradigm Busting Thinking.** This idea fundamentally challenges current mental models and paradigms in our industry (here, health care) in an uncommon way; it is creative thinking on a deeper scale.

6. **Original Thinking.** This idea is really a new concept and is truly amazing; no one has ever thought of anything like this before!

© 2004 Paul E. Plsek and Associates, Inc.