

Your House or Mine? Leading Practices for Selling to Groups

There is an old saying that captures the essence of conversation: “A person who talks to you about themselves is a bore. A person who talks to you about you is a brilliant conversationalist.” When presenting to a group, a sales representative who opens with a statement like, “Good morning. I’m John Doe from XYZ Pharma, and I’m here today to talk with you about my drug,” is telling, not selling. After all, whose house is John in, his house or the customer’s house? John’s next move will be to launch directly into his five-minute detail, clinging desperately to his sales aid, never daring to glance up at the audience for fear they will have made a mass exodus from the room. Detailing, or presentation, is a representative talking to a group about himself, his product, his interests, his house. In short, the representative who details to a group is a bore. “We forget that our customers attend meetings as adult learners; instead we treat them as hostages,” says one pharmaceutical training director.

In contrast, facilitation is the art of getting others to talk about themselves. As opposed to detailing or presentation, facilitation focuses the meeting on the group’s issues in a structured format that gently guides the discussion to the points the facilitator wants to cover.

Preparing reps to make the most of their group meetings and inservices requires a new approach to training, one that emphasizes facilitation, listening and dialogue rather than presentation and monologue. The skilled facilitator opens a meeting by helping participants see what’s in it for them. Clinicians are interested in sharing best practices, talking about medical cases and protocols, hearing from others about how they handle certain medical challenges, hearing from peers, learning what other practices are doing, staying on top of treatment trends and research. Participants are usually more interested in sharing information with each other and learning from peers than in listening to what the sales rep has to say. The rep who acts as a facilitator takes those motivations into consideration, and opens a meeting with a statement that clearly tells the group what’s in it for them, for example, “Hi, I’m John Doe from XYZ Company, and we’re here today to share leading practices about dosing for diabetic patients.”

Facilitation is all about asking the right questions. Those that begin with the words, “Tell me,” “How often,” and “What kinds of,” stimulate conversation and elicit interaction from participants, while closed-end questions that are answerable with one or two words can effectively shut down communication. Questions that begin with “Why?” often raise defense by forcing the other person to justify her position. A “Why?” question can easily be turned into an effective facilitation question by asking instead, “What are the implications of that?”

“Pharmaceutical representatives have a wide variety of educational materials and services that they can use to support their physicians, including lunch-n-learn,” says one sales director. “But too often, the representative doesn’t place enough value on what they are bringing to the table. We wouldn’t offer these educational opportunities if we didn’t think we had important information for the physician – information that can enhance his or her practice of medicine. It’s most effective when the rep is able to set the meeting up as a forum for clinical dialogue, an exchange of information between the company and the physicians.”

Effective sales representatives plan their questioning strategy before the lunch-n-learn or breakfast meeting. Starting with the product’s benefits, they identify questions that link the issues and needs of the audience with the problems that the product can solve. A well designed questioning strategy gives reps the natural opportunity to emphasize key product selling points.

Facilitation through questioning is ineffective unless it is paired with reflective listening. As in any conversation, people want to feel that they are being heard. Reflective listening tells the customer that the facilitator is engaged and interested, and not simply waiting with bated breath for her turn to talk. One way to do this is to restate what the other person has said. “So what I hear you saying is that you are currently prescribing based on the side effects profile?” If the physician agrees with the reflection, the rep can go on to ask for more information: “Which side effects concern you the most?”

Before offering a lunch, breakfast, or dinner meeting, reps should learn to take a minute to step out of their own environment (our house) and think like the physicians (their house). When reps take the time to step into the physicians’ world, they realize that although getting the company’s message out is at the top of their lists, it’s unlikely that it made it onto the list of the busy gastroenterologist or the head of neurosurgery. “I want the reps I see to be real, human and honest, says Michael Greenberg, MD, a practicing physicians in Elk Grove, Illinois, and the founder of Second Opinion, an audio magazine for physicians. “I don’t want them to waste my time by pretending they don’t already know what I’m prescribing, or by asking silly questions that they already know the answer to. Those that focus on establishing an honest and intimate business relationship before trying to sell me something are the ones that get the furthest with me.”

Reps should ask physicians and their staff what they hope to get out of the meeting and what specific questions they can answer for individuals or the group. For example: Which lunch or dinner meetings have been the most successful, and why? Those questions allow reps to bring more value to the audience by meeting their criteria for success. Talking to as many participants as possible before the meeting gives reps the opportunity to personalize the meeting and increase its value to the individual attendees.

Successful reps position their lunch meetings as vehicles for bringing critical information to physicians and their staff. Instead of setting up a time to “talk about my drug,” these reps give staff the opportunity to “discuss some new clinical research about diabetes.” Instead of telling the group about “the patient benefits and efficacy of drug X,” savvy reps might give “an update on how other practices are using breakthrough protocols to manage schizophrenia.” Instead of inviting cardiology staff to a “presentation about the use of drug Y to regulate arrhythmias,” reps who are in the customer’s house might invite the staff to “share their experiences and best practices for managing arrhythmias in the cardiac care unit.”

Facilitation, listening and dialogue are essential survival skills for the next generation of pharma sales reps. As the guidelines for ethical sales behavior become more restrictive it is increasingly important to use these skills to wring every bit of potential return from the promotional investment. Sales reps who learn to identify with their customers’ clinical and business challenges – and position their educational programs as valuable opportunities for learning and development – will differentiate themselves from the sea of competitive reps and surpass traditional detailers in the race for increased access and exposure.