

Riccardo Izzi

FrancoAngeli

# Emotional Selling for Medical Sales Representatives



Starting from one's need to arrive  
at the product

## Informazioni per il lettore

Questo file PDF è una versione gratuita di sole 20 pagine ed è leggibile con



La versione completa dell'e-book (a pagamento) è leggibile con Adobe Digital Editions. Per tutte le informazioni sulle condizioni dei nostri e-book (con quali dispositivi leggerli e quali funzioni sono consentite) consulta [cliccando qui](#) le nostre F.A.Q.







Riccardo Izzi

# **Emotional Selling for Medical Sales Representatives**

**Starting from one's need to arrive  
at the product**

FrancoAngeli

Titolo originale: “La vendita emotiva nell’informazione scientifica del farmaco”

1a edizione. Copyright © 2015 by FrancoAngeli s.r.l., Milano, Italy.

Traduzione dall’italiano: ADAPT

*Progetto grafico di copertina: Elena Pellegrini*

Copyright © 2016 by FrancoAngeli s.r.l., Milano, Italy.

*L’opera, comprese tutte le sue parti, è tutelata dalla legge sul diritto d’autore. L’Utente nel momento in cui effettua il download dell’opera accetta tutte le condizioni della licenza d’uso dell’opera previste e comunicate sul sito [www.francoangeli.it](http://www.francoangeli.it).*

---

# Index

<b>Preface</b> by <i>Christoph Bremen</i>	pag.	7
<b>Emotional Selling for Medical Sales Representatives</b>	»	9
<b>Introduction</b>	»	11
<b>1. Setting the “Schedule by objectives” and Preparing for the Visit</b>	»	17
1. Defining the Goal of the Visit	»	17
2. The Pre-visit Stage	»	22
3. The Post-visit Stage	»	24
4. The Objective for the Next Visit	»	25
<b>2. Empathetic Contact</b>	»	27
1. Emotions ‘speak’: Creating Good Feelings	»	27
2. Coherence between Verbal, Para-verbal and Non-verbal	»	31
3. Body Language Influences Relationships: the Inner Smile	»	33
4. Proxemics and its Rules	»	35
5. Understanding Stimuli and Decoding Reactions: the Use of Visuals	»	37
<b>3. The Visit and the Sharing of Needs</b>	»	41
1. The Rational Need: Understanding Who is in front of You	»	41

2. The Doctor's Need Expressed Using Emotional Vocabulary	pag.	43
3. Calibrating the Scientific and Emotional Dimensions through the Use of Questions	»	46
4. Help Criticism to surface in order to Understand the Doctor	»	48
5. Managing Visuals through Active Listening	»	50
<b>4. The Visit and the Therapeutic Proposal</b>	»	53
1. The Therapeutic Proposal Linked to Emotive Language (VAK)	»	53
2. Marrying Scientific Language with Sensory Language	»	55
3. Meta-messages as Emotional Reinforcement to Communication	»	56
4. The Importance of Meta Programs in Effective Communication	»	60
<b>5. Concluding the Visit</b>	»	65
1. The Rational Reasons for Encouraging Use of the Product	»	65
2. Ask for Feedback and Look to the Future	»	66
3. Ask what Use the Doctor Made of the Product Remembering Shared Needs	»	67
4. Shaking Hands as Anchoring	»	68
<b>Conclusion</b>	»	71
<b>Appendix</b>		
Exercise 1 – Empowerment	»	77
Exercise 2 – Empowerment – Reinforcing Phrases	»	78
Exercise 3 – T.O.T.E. (Test – Operate – Test – Exit)	»	79
Exercise 4 – Meta model categories	»	80
Exercise 5 – Meta model – Other examples	»	85
Exercise 6 – Map of logical levels	»	86



# Preface

When we talk of drugs and pharmaceutical products, we normally refer to health, a basic concern for all of us and one of the fundamental values in our life. For this reason, here at Bayer we are engaged in research that focuses on life. Our mission “Science for a better life” is not just a slogan, but something that can be found in the heart of our people who put these words into practice each and every day.

People matter, and we constantly work to improve in order to fulfill the needs of our consumers and patients. At Bayer Consumer Health, we continuously develop our sales force to make sure that **selling is based on consumer needs**. What we care for is people’s well-being; to us, medical information is far more than increasing the number of doctors’ prescriptions or pharmacy sales. What matters to us is that relations with Health Care Professionals benefit all the parties involved – doctors, pharmacists and, above all, patients – therefore resulting in a **win-win-win** solution. We are committed to innovation, which also translates into new approaches to medical information. The starting point is no longer the product in order to arrive at a medical solution, but the needs of consumers and patients that ultimately lead to the product. We want our sales force to be well-prepared in scientific terms and to be able to communicate emphatically, in order to satisfy Health Care Professionals’ rational and emotional needs.

In a context where we are overexposed to stimuli, there is always a risk to lose important information. With a view of constantly ensuring the appropriate use of drugs and pharmaceutical products, we have decided to talk to the heart and the mind of our team and the Health Care Professionals we serve. This is what our National Sales Manager HCP, Riccardo Izzi, defines in this book as **emotional selling**, in the hope that it will strike a chord with our readers.

*Christoph Bremen*  
Country Division Head –  
Italy Consumer Health

# Emotional Selling for Medical Sales Representatives

## **Starting from one's need to arrive at the product**

While traditional medical information is mainly focused on products to fulfill standardized needs, emotional selling prioritizes doctors' individual needs over the final outcome. Accordingly, emotional selling represents an innovative way to convey medical information, in which Medical Sales Representatives are of course the key actors. They carry out a fundamental task, as they provide the medical community with information and training, therefore benefiting us all as potential patients. Strictly speaking, they should not be seen as mere 'Sales Representatives', as doctors do not purchase pharmaceutical products from them directly, but are given the principal information to prescribe them to patients (the actual final clients) whereas necessary, with the latter who have no power to decide which medicine they need to buy. This way of "selling" should be beneficial to all the parties involved – i.e. the doctor, the Medical Sales Representative and, above all, the patient – thus producing a "win-win-win situation".

In this sense, Medical Sales Representatives work to promote health, a primary aspect in everyone's life. The context in which Medical Sales Representatives perform their services has changed considerably over the last few years: there is little time to liaise with doctors, who are not impressed by traditional medical information. Therefore, communication with doctors

should take place through new channels, through listening and empathy, in line with the principle envisaged by Neuro Linguistic Programming (NLP): the map is not the territory and everything is connected. Ineffective forms of communication may lead to the improper use of pharmaceutical products and break the relationship of trust among all those involved. Medical Sales Representatives must be aware of the fundamental principles according to which the brain processes the information received and of the ways in which a deep relationship can be built with doctors utilizing some of the tools described in this book. Based on the author's experience and through a number of exercises, this book provides a new and somehow pioneering approach to enhancing the opportunities related to this profession.

**Riccardo Izzi** holds a degree in Pharmacy and has thirty years of experience in scientific & medical information. He has held many positions in this sector, working as a Medical Sales Representative and as a Sales Director for a number of businesses. At present, he serves as a National Sales Manager HCP at Bayer Consumer Health. He has met and trained many Medical Sales Representatives, with whom, as a leader and as a coach, he has successfully applied the theories of situational leadership and emotional selling.

---

# Introduction

Why do we talk of “**selling**” in medical information? In order to answer this question, one should look at the notion of a “sale” itself, which entails the purchase of a good from another party. If we consider medical information as a good, this must be “acquired” (in other words properly consumed) by doctors, otherwise it could be useless or potentially detrimental, especially if not adequately mastered.

The role of Medical Sales Representatives is poorly appreciated by non-experts, and the former might all recount anecdotes about patients who play down their work. Yet Medical Sales Representatives carry out an important function, as they train and inform doctors, indirectly benefitting all of us as potential patients. Medical Sales Representatives are not vendors in a strict sense, as doctors do not buy pharmaceutical products from them directly. Rather, the latter write prescriptions for patients (the final client) who do not have any power concerning the medicine prescribed to them by the professional. With their knowledge, Medical Sales Representatives fulfill a number of needs and deal with people’s main concerns, among which health is primary.

Due to the sensitivity of the subject, working as Medical Sales Representatives is anything but easy and calls for ethical values, as well as human and scientific competence. To perform this

job, a degree in defined scientific disciplines has been required since 1992. In addition, an outgoing personality and attitude necessary to interact with others are fundamental requirements for the profession. However, none of the above provide adequate training on communication techniques. Some progress has been seen thanks to the establishment of the new three-year degree for Medical Sales Representatives, but we are far from fulfilling the communication needs required in an increasingly complex working environment.

Needless to say, scientific knowledge is indispensable, but this alone is not a guarantee that Medical Sales Representatives will convey adequate medical information.

Over the last few years, their working context has changed significantly, primarily driven by the fact that all of us are – to a much greater extent than in the past – regularly exposed to visual and acoustic stimuli. Overwhelmed by inputs, our brain has heightened its defensive barriers, making it increasingly difficult to communicate in a persuasive fashion that breaks the set of stimuli we are exposed to.

Additionally, even though preparation is still necessary, consideration should be given to the transformed context Medical Sales Representatives work in. Doctors give them less time to speak than in the past and a number of “background sounds” affect their interaction. Under these conditions, one must use words that speak not only to a counterpart’s mind, but also to their heart, without lengthening the time available for conversation.

This will only be possible by moving from a mere rational/scientific to a scientific/emotional type of communication. In other words, a shift will need to take place from a product-based communication to one that considers the listener’s needs (needs-based communication) which are both rational and irrational. Such far-reaching change can occur only if all functions inside an organization – especially marketing and sales – closely collaborate to transform the common approach to a needs-based communication one. Marketing must focus on “internal clients” (the Medical Sales Representatives) and provide them with adequate communication tools to perform in line with this new approach.

The Medical Sales Representatives must hone their communication skills, which are part of that set of indispensable competencies and capabilities required to take on new challenges.

However, and as we have seen for scientific knowledge, these communication techniques are not sufficient in isolation to ensure more emotional forms of communication. To act on someone else's feelings, one should open up their heart first. People can surely learn to do this, but a world of difference will always remain between those who are convincing and those who do this just for the sake of doing it.

What we suggest in this book is the result of years of experience gained working as a Medical Sales Representative, as an Area Manager and coach and as a National Sales Manager. I have met hundreds of Medical Sales Representatives and each one of them had their own particular and original way of communicating, as each of us is unique and individual.

Most of the techniques described in this book are taken from Neuro-linguistic Programming (NLP). Rather than a theory, NLP can be viewed as an empirical approach aimed to improve human skills in various fields (communications, sports, therapy, business and so forth).

NLP originated in California in the 1970s by Richard Bandler and John Grinder, who were a mathematician and a linguist respectively, and draws from the experience of a number of individuals who were successful in their respective fields. Their cognitive and behavioral strategies were scrutinized, modeled and then proposed to other people as tools for improvement.

This practical approach is based on a fundamental skill that we all have: modeling. When we were children, we all learnt by looking at other people. As we grew up, we adopted *some* behaviors (maps) while others became difficult for us to adopt, as this process of adoption became more and more the result of a negotiation process with ourselves.

On close inspection, NLP does not propose to do the opposite of what we already do, but to broaden our behavioral repertoire. If this approach is adopted, individuals can improve themselves by widening and modifying the way we conceive reality through specific techniques related to language, be it verbal, para-verbal and non-verbal. NLP features a number of fundamental

prerequisites which we will cover as far as medical information is concerned:

- **The map is not the territory** (this aspect should always be kept in mind if we want to communicate with someone effectively);
- **We cannot *not* communicate** (we always communicate, either verbally or non-verbally);
- Mind and body are part of the same system (each one affects the other);
- It is not important what you say, but what the counterpart understands;
- Resources are already in the system (people have necessary resources);
- Modeling capacity (people can improve themselves by modeling those behaviors that are more effective in a given situation).

If we want to gain credibility as communicators and speak to where all emotions are stored – the heart – technique is not sufficient. Passion is needed to overcome initial difficulties, as well as some understanding of ourselves and our listeners. This is the only way to be truly in tune with one another.

Respect is required in order to prevent the use of the techniques learnt to manipulate others, and determination, to stay focused on the main goal. Humility is also necessary, as we need to be aware that we cannot know the answer to everything. We should be willing to accept that there will always be open questions, so we should be as curious as a child and willing to explore, to try things, to make mistakes, to do them again and to learn by doing. If we accept the above, we are on the right path towards understanding **emotional selling**.



## NLP Glossary

**Map:** it is our view of the world and things. It is the lens through which we look at the world.

**Body Mapping:** it is a technique through which one assumes the same position as the counterpart. It triggers the activation of mirror neurons and helps to perceive the other person's emotions.

**Mirroring:** it has the same meaning as "body mapping".

**Modeling:** it is the practice of reproducing behavioral models.

**Congruence:** it refers to the alignment of one's words, voice and body.

**Calibration:** it is the capacity to understand non-verbal responses.

**Pacing:** it means to link someone else's behaviors and strategies.

**Lead:** it means to widen the other's map.

**Perceptual Positions:** it is the point of view from which the behavior and the relationship with the other should be perceived. They consist of three positions: First position = you; Second position = as if you were the other; Third position = as if you were an observer.

**The map is not the territory:** this means that reality is interpreted by our mind and this interpretation is subjective. Consequently, each human being has their own map, which differs from the others'.

**Meta programs:** also known as Language and Behavior Profiles (LAB Profile). These are behavioral models we run through perceptive filters. We use them to interact with the world.

**Meta message:** this is the message conveyed beyond the words used. It is generated through the tone of voice (para-verbal tools) we employ to pronounce words and not through non-verbal devices (facial expressions, posture, gestures).

**Anchoring:** this is the link between a stimulus and an internal response. Let us think of a sound linked to certain emotions. An example is the song of two lovers: it is sufficient to listen to that song to rekindle certain emotions. To them, that sound is a form of acoustic anchoring, but visual, tactile, taste and olfactory kinds of anchoring are also possible.



# Setting the “Schedule by objectives” and Preparing for the Visit

*We are what we think. All that we are  
arises with our thoughts*

(Buddha)

## 1. Defining the Goal of the Visit

This book is focused on **emotional communication**. Accordingly, I will not dwell on those aspects related to the planning and the management of the work cycle that result in the appointments with doctors.

Appointment scheduling is fundamental to plan visits, their frequency and the territory to be covered following the targets and direction of the company. An effective schedule is arranged considering the long run (a whole work cycle, whenever possible) and should be updated at the end of every working week. This will enable Medical Sales Representatives to promptly decide whether or not to re-arrange missed appointments because they are seen as important to meet the priorities set.

<b>Traditional Schedule</b> <i>(tactical approach)</i>	<b>“Schedule by objectives”</b> <i>(strategic approach)</i>
Work is planned weekly	Work is planned for the entire work cycle
Days are planned according to the appointments arranged	Days are planned considering the objectives set; important doctors are visited first
The schedule is arranged according to the number of appointments required by the company	The series of appointments is arranged considering the “energy cost” for each visit
Frequency of visits and territory coverage are ensured	A self-evaluation is made after each visit and the objective is set for the next one
Area coverage is seen as the main objective	Doctors’ needs are seen as the main objectives
Missed appointments are re-arranged at the end of the work cycle to comply with frequency targets	Missed appointments are swiftly re-arranged if they concern important doctors

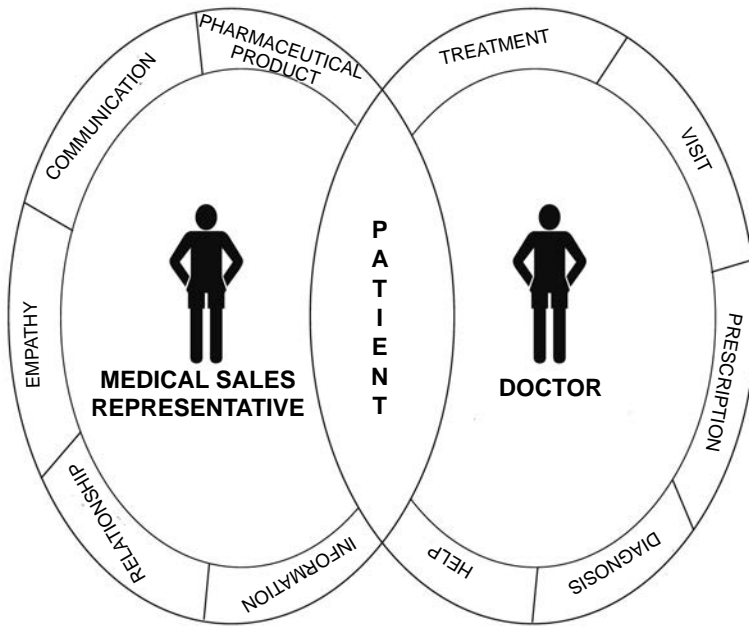
In the context of this book, we will assume that readers are familiar with the concepts of “strategy”, which falls within the responsibility of the marketing department, and “tactics”, i.e. a way to adapt to the counterpart’s strategy, which is the main focus of the sales force. The starting point is to plan a strategy that leads the entire process. Medical Sales Representatives are indispensable in this process, as they ensure that the strategy is adapted to a socio-cultural context that presents many differences.

At times companies act as though conversations with doctors should follow a standardized path. Nevertheless, things are more complicated in practice, as each doctor visited has different needs, emotions, beliefs, and barriers.

The medical information conveyed by Medical Sales Representatives should not be standardized, but it has to be tailored to doctors’ rational and the emotional needs, without altering the communication strategy laid down by the marketing department.

**One should look at Medical Sales Representatives as partners, who work to ensure the best possible use of a certain pharmaceutical product.** Both doctors and Medical Sales Representatives aim for successful treatment and this approach should not only create a win-win situation that benefits the above parties on an exclusive basis. Rather, a **“win-win-win”** situation should be pursued where the patient is the ultimate beneficiary, the final client who uses the prescription promoted by the Medical Sales Representatives.

We also need to remember that medical information is concerned with health and that its primary goal is to improve the life of the patients who go to doctors for treatment.



**Win-Win-Win Situation**

Each visit must be prepared meticulously and specific objectives must be set in accordance with the characteristics of the doctor you have an appointment with. Presenting data or clinical research is not sufficient to set the objective of the visit. It is imperative to identify the doctor’s specific needs and establish