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Champion Selling

MERCK

SALES TRAINING & PROFESSIONAL DEVELOPMENT

Selling Skills

MRK-AAR0048833

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OVERVIEW

The purpose of this workshop is to enable Milestone 1 Specialty representatives to be more successful by improving the level of their selling skills. This workshop covers many of the concepts examined during the Selling Skills Seminar – but reinforcing them, providing additional practice and feedback, and reviewing some in more depth. New content and techniques are therefore of limited focus, whereas more in-depth practice and refinement of key fundamentals of success are the emphasis.

The framework for the workshop is the notion that four behaviors differentiate "champions" in any field, and they apply very closely to the pharmaceutical sales endeavor. The themes are: winning mindset, strategic preparation and execution, goal-focus, and continuous improvement.

An additional framework is that call success depends on getting attention, keeping attention, and changing behavior.

A key learning method for the workshop is the use of break-out groups consisting of 4 reps and a PDT or business manager as coach. In these break-outs, participants drill the use of the skills covered in the program via constrained 2-minute selling time stand-up practices applied to critical incident physician scenarios, which represent challenging situations they actually face on territory. The time constraint is vital, as an important learning point is how to optimize the short selling time that reps generally face by extending the time via gaining the physician's attention. The coach's role is critical in pulling through the classroom content and pre-work assignment via discussion and feedback discussion.

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OBJECTIVE

At the completion of this workshop participants will be able to:

- Employ a variety of selling skills and techniques to more effectively handle challenging selling situations.
- Identify and demonstrate key components of successful selling based on behaviors of champions in other fields of endeavor: winning mindset, strategic preparation and execution, goal-focus, and continuous improvement.
- Demonstrate techniques for extending the selling time.
- Demonstrate effective use of all the steps of the NBS model.
- Effectively use the CRCT model to uncover and handle obstacles.

PRE-CLASS REQUIRED PARTICIPANT PREPARATION

Participant receives brief self-guided pre-assignment workbook and is required to analyze a critical incident selling situation (representative challenging physician), and then discuss with his or her business manager.

Topics:

1. Overview of Champion Selling and Pre-work
2. Assignment #1: Critical Incident/Physician Profile Identification
3. Assignment #2: Pre-Call Analysis
4. Assignment #3: Influencing Skills Reminder
5. Assignment #4: NBS Review

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SPECIFICATIONS

- Target Audience: Specialty
- PDS Level: Milestone 1
- Competency: Selling Skills
- Delivery Method: Classroom
- Core or Elective: Core
- Course Code: MI0100
- Prework for this Course: Yes – Situation Critical
- Total Time and Number of Learning Objectives: 8 hours, 15 min.; 5 learning objectives
- Point Designer(s)/Trainer(s): Sharon Fox & Teri Santivasci/Randy Grimes
- VENDOR: Influence Mastery
- Proposed Availability Date: January, 2002
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MATERIALS/ EQUIPMENT

ASSUMPTION: 6 Breakout groups each comprised of 4 participants and a business manager or PDT.

- LCD, Laptop and Screen
- VCR, Monitor
- 6 Flipchart Stands with Markers and Blank Flip Pads (2 for facilitator + 4-5 for classroom teams depending # of tables)
- Participant Workbook
- Wall Posters
- Masking Tape, Duct Tape and Push Pins (for wall posters)
- Cassette or CD player and upbeat music
- 3 x 5 Index cards – two per participant
- In each Break-out Room:
  - ⇒ VHS Video Camera
  - ⇒ Tripod
  - ⇒ 1 blank compact VHS videotape per rep
  - ⇒ Flipchart Stand with markers, blank flip pad and masking tape
- Prepared Flipcharts
- 4" x 6" Post-its – one per participant
- Handouts
- Overheads (Powerpoint)
- Leader's Guide for Business Managers for break-out sessions
- Pre-class preparation package
- Inflatable plastic weight lifting Bell Bar
- Optional: 2 empty wine (or water, though less effective) bottles as props for Obstacle Handling opening anecdote
- Hat or box for collecting index cards

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PRE-CLASS COMMUNICATION WITH COACHES

- Due to the critical role that Business Managers will play in the success of your workshop, trainers must prepare those who will coach the workshop by doing the following via teleconference, email or MVX:
  - ⇒ Provide an overview of the program and its objectives;
  - ⇒ Explain what is expected of the them – see "Business Manager Role" below;
  - ⇒ Reinforce the importance of Business Managers thoroughly becoming familiar with the "Leader's Guide for Business Managers" in advance; and
  - ⇒ Answer or be available to answer any questions.

BUSINESS MANAGER ROLE

- In the Break-outs:
  - ⇒ Facilitate 2 break-out call practice sessions, where you will:
    - Set up and coordinate practice (including videotaping) calls.
    - Provide feedback.
    - Lead a "Break-out Discussion" by following the step-by-step activity listing in "Leader's Guide for Business Managers."
    - Keep group on time.
    - Be responsible for opening and locking your break-out room with the key provided by the trainer.

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BUSINESS MANAGER ROLE

- In the Full Group:
  - ⇒ Participate in front-of-room demonstrations with trainer, if pre-arranged.
  - ⇒ Coach small group in-class exercises in which participants practice NBS steps and obstacle handling, should the trainer request that role.
  - ⇒ Provide individualized coaching off-line to participants as needed.
  - ⇒ Enhance class discussions as you deem appropriate following participants' working through the points and topics of discussion, but refrain from answering facilitator discussion questions so as to allow participants to be more involved.
  - ⇒ Assist the trainer in logistics, setting up and facilitating the session (as needed).
- Before and After the Workshop:
  - ⇒ Reinforce the value of representatives' attendance, and active participation in, the training workshop.
  - ⇒ Ensure appropriate coaching is conducted to reinforce compliance with Company policies and correct any behavior that might violate those policies.
  - ⇒ Most importantly, reinforce learnings on the job with participants both during the pre-classroom preparatory assignment and following the workshop.

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FACILITATOR TIPS

- Prior to the program, review the participant roster and discuss with business managers who will be attending how to create break-out teams. One suggested option:

  ⇒ Lead reps in a district stay together: all 1's together, all 2's together, etc.

- Seek to make linkages to champion themes throughout program.
- Cue the Martin Luther King videotape to 12minutes 30 seconds. The tape should start with, "Even though we face difficulties of today and tomorrow…" and stop the tape at 14 minutes 15 seconds at the end of, "I have a dream my 4 little children will one day live in a nation where they will not be judged by the color of their skin but the content of their character. I have a dream today."
- Follow up discussion questions with "what else?" to seek additional thoughtful responses. Allow adequate time for participants to think through responses before providing the desired answers.
- Be sure all cameras and monitors are fully functional and set up in advance.
- Provide your MVX # and email address in communication that accompanies pre-class preparatory assignment to participants so they can contact you with any questions about the assignment.

PARTICIPANT HANDOUTS

1. Best Call Notes – 2 per participant
2. Baseline Taping Observation Sheets – 4 per participant
3. Focus Areas – 1 per participant
4. Final Practice Observation Sheets – 4 per participant
5. Workshop Evaluation Sheet – one for each participant

Handouts # 2-4 should be inserted in each participant's workbook back pocket in advance, with Coach receiving a full packet separately.

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PARTICIPANTS SHOULD BRING

- Latest sales aids for products they promote with critical incident physician.
- Completed pre-class preparation package.

LEGAL COMPLIANCE

You are reminded that all of your activities must comply with all applicable Policy Letters and Corporate Policies. Although many such policies apply to your activities in this training course, Policy Letters 110 and 118 are of particular relevance.

You are further reminded that anyone who violates any Policy Letter is subject to immediate disciplinary action up to and including termination.

It is the Trainer's responsibility to make sure all trainees are aware of the legally appropriate process, policy, procedure and/or answer while delivering this program.

PROGRAM OUTLINE

Segment/ Timing	Point/Rationale	Summary	Materials/Resources
1. Introduction 8:30-9:20 (50 min)	Participants will understand the rationale for the course and the specific objectives that will be covered during the course. Participants will learn the four champion themes used throughout the course. Participants will quickly review the Call Success Elements model, B.E.S.T. styles and the role of the NBS model. Participants will receive	■ Welcome and introduction by trainer ■ Symbolic raising of the bar by participants ■ Purpose of the program and difference from SSS ■ Importance of continued focus on fundamentals ■ Introduction of workshop themes and relationship to pharmaceutical sales.	Cassette or CD Player and upbeat music Inflatable plastic weightlifting "Bell Bar" Wall posters: ■ Welcome ■ Champion Themes ■ Call Success Elements ■ Agenda

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PROGRAM OUTLINE

Segment/ Timing	Point/Rationale	Summary	Materials/Resources
	instructions for baseline videotaping.	Champions, whether in sales or elsewhere, share these success themes: Winning Mindset, Strategic Preparation and Execution, Goal-Focus, Continuous Improvement ■ Champions identification exercise ■ Introduce example around how we pay money and invest time to get better at our hobbies (golf, piano lessons, etc.) but we don't invest to get better at our profession – selling skills ■ Call Success Elements model: get attention, keep attention, change behavior ■ Brief discussion around words, tone of voice, non-verbals and that words matter least ■ Agenda ■ Housekeeping and Groundrules ■ Quick review of Pre-Classroom Preparatory Assignment: B.E.S.T. Styles	■ Ground Rules ■ B.E.S.T. Styles ■ Influence Skills ■ NBS Steps Prepared Flipcharts: ■ Success Comes From… ■ Break-out Schedule (or prepare as handout –one to a participant) Participant workbook Pre-Classroom Preparatory Assignment Overheads: ■ Title Slide ■ Program Objectives ■ Champion Selling vs. SSS ■ Agenda ■ Agenda ■ B.E.S.T. Styles ■ Influence Zone ■ NBS Support Orbits ■ Baseline Practice Guidelines

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PROGRAM OUTLINE

Segment/ Timing	Point/Rationale	Summary	Materials/Resources
		and Influence Skills ■ Role and value of NBS model ■ Instructions for subsequent baseline videotaping	
2. Baseline Videotaping and Break 9:20-10:20 (60 min)	Participants will conduct a videotaped call that will be used as a baseline call for the course.	■ Participants conduct 2-minute stand-up taped call based on critical incident physician from pre-work ■ Observation sheet is completed silently by team members and then distributed to role play rep ⇒ No additional discussion about the feedback ⇒ 5-10 mins round trip travel time to break-out rooms + 5 mins/role play (including prep and set-up time) X 4 team members + 4 mins/role play X 4 for replay = minimum of 45 mins) ⇒ NOTE: Option – If room is large enough, have groups do videotaping in corners of the room to save time.	Leader's Guide for Business Managers In each break-out room: VCR, monitor, video camera, tripod, blank tapes (one per participant), flipchart, markers and masking tape Pre-Classroom Preparatory Assignment Workbook: Handouts in Pocket: ■ Best Call Notes (1 per participant) ■ Baseline Observation Sheets (4 per participant + 1 for coach)

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PROGRAM OUTLINE

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		⇒ NOTE: Videotaping is not always feasible if PDT is not training in their RBG location. Cameras would need to be shipped from location to location. Option is to skill practice instead.	
3. Discuss Taping Experience in Full Group 10:20-10:30 (10 min)	Participants will discuss their experience with the baseline videotaping.	■ Strengths ■ Challenges	
4. NBS Refresher 10:30-10:50 (20 min)	Participants will identify the relevant NBS step for each challenging sales call. Participants will receive advice from their team members on how to more effectively handle the challenges.	■ Table discussion of critical incident challenges and NBS steps: share best practices for challenges.	Participant Workbook Overheads: ■ Instructions for NBS Advice Sharing Pre-Class Preparatory Assignment Wall posters: ■ Agenda ■ NBS Steps
5. Short Selling Time Challenge	Participants will discuss the challenges of short selling time. Participants will learn that bold openings and S.O.A.P. are	■ Short selling time is a reality ■ Call success element: get attention	Participant Workbook Wall posters: ■ Agenda

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Segment/ Timing	Point/Rationale	Summary	Materials/Resources
10:50-11:50 (60 min)	openings and S.O.A.P. are effective ways to get attention. Participants will have the opportunity to create a bold opening. Participants will watch and analyze a demonstration of how to use the NBS model in a short selling time situation.	■ Demo/discussion of ineffective responses to short time ■ Defining moment of opportunity: pen in air ■ Champion linkage ■ Most physicians can find the time if they see the value ■ Solution to short selling time: gain attention especially by showing you have useful information to add ■ Requirements for getting attention ■ Using bold openings and S.O.A.P to get attention ■ Value of Identify Need – engages physician and provides focus for call ■ Patient profile as primary element of Identify Need ■ Patient profile can be given to physician (S.O.A.P.) or get physician to provide it (bold opening) ■ Group exercise: creating	■ Call Success Factors Pre-Class Preparatory Assignment

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Segment/ Timing	Point/Rationale	Summary	Materials/Resources
		bold openings. ■ How to revise bold openings for different B.E.S.T. styles ■ Employing NBS despite short selling time: Trainer demo and class analysis	
LUNCH 11:50-12:40 50 minutes			
6. Assessment Step 12:40-1:20 (40 min)	Participants will review the importance of the assessment step. Participants will learn how to improve their assessment questions by using strategic questions. Participants will have the opportunity to improve their current assessment questions and then practice using the improved questions.	■ Importance of assessment step ■ Group Exercise: flipchart assessment questions typically used with rep's critical incident physician ■ Requirements for effective assessment questions – introduce strategic questioning and how their current what/why questions could be more effective by using strategic questions ■ B.E.S.T. styles with assessment questions ■ Given short selling time, assessment questions asked must be on target because	Overheads: ■ Emerson Quote ■ Assessment Questions Practice Instructions Participant Workbook Wall posters: ■ Call Success Elements ■ NBS

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PROGRAM OUTLINE

Segment/ Timing	Point/Rationale	Summary	Materials/Resources
		not many opportunities for follow-up questions ■ Ways to vary assessment questions and make them more powerful (describe/compare/how/what factors, etc.) ■ Group Exercise: return to questions written down earlier and improve them ■ Practice questions with partner ■ Sharing of questions in full group	
7. Obstacle Handling 1:20-2:00 (40 min)	Participants will review the CRCT model. Participants will watch a demonstration of how to use the CRCT model. Participants will learn that most obstacles are about efficacy. Participants will practice obstacle handling. Participants will share advice on handling challenging obstacles.	■ Building credibility via effectively handling obstacles story ■ Quick CRCT review with trainer demo ■ Identification of critical incident obstacles by reps ■ Categorization and analysis of obstacles raised: most obstacles are ultimately about efficacy ■ Dealing with different types of obstacles; Uncovering real issue	Participant Workbook Wall poster: CRCT Model Overhead: Helen Keller Quote

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PROGRAM OUTLINE

Segment/ Timing	Point/Rationale	Summary	Materials/Resources
		■ Strategizing of critical incident obstacle handling with role play practice ■ Discussion of handling challenging obstacles ■ Dealing with perceived dead ends ■ Champion quote	
Break 2:00-2:15 15 min.			
8. Closing Step 2:15-2:35 (20 mins)	Participants will review the steps involved in closing a call. Participants will learn the value of gaining mini-agreements throughout the call. Participants will have the opportunity to map out and practice the close step for a call.	■ Review of Closing sub-steps ■ 4th closing step: Promise to follow up on action ■ Getting Mini-Agreements along the Way ■ Assertiveness and B.E.S.T. styles in closing ■ Exercise: map out close for critical incident ■ Assign Pull-Together break-out practice	Wall Poster: NBS Steps Participant Workbook Handout in workbook pocket: Best Call Notes Overhead: Steps in Closing
9. "The Pull-Together" – Final Practice	Participants will re-tape the same call from the baseline videotape and focus on	■ Business manager leads discussion of key points about getting attention,	Leader's Guide for Business Managers In each break-out room: VCR,

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Segment/ Timing	Point/Rationale	Summary	Materials/Resources
in Break-Out Room and Break 2:35-3:55 (1 hour, 20 min)	incorporating all the techniques reviewed during the course.	assessing, obstacle handling and closing. ■ Participants identify focus areas. They then re-tape the same short selling time critical incident, incorporating improvements. ■ They view the baseline tape and then the final tape to compare. ■ During re-taping, other reps and coach write down feedback, which is then shared and discussed with rep. Focus of discussion should be on reinforcing improvements seen so they will be continued on territory and on identifying any areas for further focus by working with business manager on territory.	monitor, video camera, tripod, baseline tapes, flipchart, marker and masking tape Workbook: Handouts in pocket of workbook: ■ Focus Areas ■ Best Call Notes ■ Final Practice Observation Sheets (4 per participant + 1 for coach)
10. Wrap-Up 3:55-4:15 (20 min)	Participants understand the importance of beginning to use these techniques as soon as possible on territory.	■ Reference to Final Taping ■ Achievement of class objectives check ■ How to transfer learnings going forward ■ Individual learnings:	3 x 5" Index cards: one to a participant 4" x 6" post-its: one to a participant Inflatable plastic "bell bar" Cassette or CD player and music

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PROGRAM OUTLINE

Segment/ Timing	Point/Rationale	Summary	Materials/Resources
		⇒ Identification on post-it of one key specific learning enabling better handling of critical incident – post on back of shirt and circulate to read colleagues' post-its + ⇒ Identification of one area to focus on continuing to improve on job – write on index card to be given to business manager ■ MLK videotape – champion theme wrap-up ■ Final raising of the symbolic bar ■ Distribute token gift related to champion themes ■ Evaluation sheets	Handout: Evaluation sheets
11. Level II 4:15-4:45 (30 min)	Participants will take a multiple choice learning check in order to evaluate how well the course objectives have been met.	■ Discuss Coaching Guide ■ Distribute Level II/Review Answers	
Total Time	**8 hours, 15 minutes**		

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1. Introduction

Time: 50 minutes (8:30-9:20)

At A Glance - Material/Media	Instruction
	■ **Review** course objectives and agenda
	■ **Explain**: In order to see how well this course has met these objectives, you'll be taking a Learning Check at the end of the program. We recognize that you will not be able to apply knowledge and skills that have not been able to learn. The Learning Check will consist of a series of multiple choice, knowledge and application questions, which will measure how well the course was designed and delivered to meet the objectives. You'll learn more about the Learning Check at the end of the day.
Cassette or CD Player with Music	■ **Play** upbeat music as participants arrive.
■ **Welcome** OH: Title Slide WP: Becoming a Selling Champion	■ **Show Overhead** (title slide) and **refer** to **Wall Poster: Welcome to Champion Selling**. **Welcome** participants to the workshop.
■ **Introduction of Trainer**	■ **Say**: "Hello, I'm _____. I'm really excited about working with all of you today because I know you are going to find this class incredibly beneficial and we're going to have some fun along the way. "
■ **Symbolic Bar for Raising**	■ **Say**: "As you as you develop your skills more and more, you'll be raising the bar on the level of your selling success. People who raise the bar, get better."
	■ **Say**: "We know you're champions already; we want to help you be greater champions."

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At A Glance - Material/Media	Instruction
Plastic Inflatable Bell bar	■ **Pick up** plastic inflatable "Bell Bar." Humorously lift over head. Hand off to a participant to lift and pass around to others to lift.
■ **Champion Selling vs. SSS**	■ **Refer** to **Workbook Page: Purpose and Objectives**.
OH: Program Objectives	■ **Show Overhead: Program Objectives**
	■ **Say**: "During the Selling Skills Seminar, you had an opportunity to establish your selling effectiveness. In this workshop, our purpose is not to introduce a lot of new techniques and models. Instead, it is to give you the opportunity to 'raise the bar,' your bar, by enhancing and refining those fundamental skills so critical to success so you can be a true 'selling champion."
OH: Champion Selling vs. SSS	■ **Show Overhead: Champion Selling vs. SSS**.
	■ **Say**: "We'll do that by: ⇒ Examining how to be more strategic, ⇒ sharing best practices, ⇒ focusing on your critical incident challenging sales call, and ⇒ through in-depth practice, feedback and coaching in small groups."

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At A Glance - Material/Media	Instruction
■ **Importance of Continued Practice of Fundamentals**	■ **Say**: "It is well known that Michael Jordan, as great as he was, kept practicing over and over again, hundreds of times during practices, the basic skill of making foul shots. That way, when he was on the line in crucial moments of a game – just as you are when you're with a physician – he could shoot them so well and so confidently that he could hit his shots with his eyes closed, which he did on one occasion! Jordan raised his bar so that in crucial moments of the game, the was so confident that he wanted the ball because he knew he could come through." ■ **Option**: **Say**: "Jordan developed a potent fade-away jump shot over time, to accompany his driving lay-ups, to beat his opponents in different ways. Likewise, you need a full array of techniques that you can adapt to different physician situations. A true champion doesn't just rely on what has worked in the past."
■ **Introduce Business Managers Role**	■ **Say**: "Helping us out is a superb team of business managers: _____. Much of the learning in this seminar will take place in small break-out groups, where they will be coaching you for success based on their strong knowledge and experience. Please take full advantage of this opportunity!" ■ **Option**: Give business managers a reinforcing role by asking them to say a few words at this point about their role, the importance they see of this session and their enthusiasm for contributing.
■ **Key Workshop/Champion Themes (5 minutes)**	■ **Say**: "The framework for the Selling Skills Seminar was basically the NBS model. We'll also be focusing on critical elements of that model. Now, you have all the time you want to be able to apply that model, don't you?" (Pause and smile so participants know this is a prompt for "push-back" reaction.) ■ **Say**: "Of course not! So we'll be looking at how to apply your selling skills to the reality of the short selling time that you generally have with the physician. To help us to do that, we've adopted an interesting framework for this workshop: the key elements that make the difference in success."

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At A Glance - Material/Media	Instruction
FC: Success Comes From	■ **Show Flipchart: Success Comes From**: Attitude, Behavior, Skills, Knowledge.
	■ **Say**: "Successful people have all of these in common: attitude, behaviors, skills and knowledge."
	■ **Say**: "We examined successful people in other endeavors and identified many parallels between them and successful pharmaceutical sales representatives. We know there are many others. However, we've selected the top four. They're not just athletes. That's why our workshop model looks like this…."
WP & WB: Champion Themes	■ **Refer** to **Workbook Page: Champion Themes** and **Review Wall Poster: Champion Themes**.
■ **Relationship of Champion Themes to Job (5 minutes)**	■ **Ask** what each theme means and how does each champion theme relate to our everyday jobs as pharmaceutical reps? **Possible Responses**: (provide this information if class does not offer all of the following): ⇒ Winning Mindset of Champions: - EXPECT TO WIN: Champions adopt a positive, can-do, win-win mindset that perseveres in the face of resistance and obstacles. They bring a passionate enthusiasm to what they do that rubs off on and motivates others. - Reps: We need a winning mindset to overcome obstacles and resistance from physicians, to beat out the competition and to be motivated every day to give our best. ⇒ Strategic Preparation and Execution: - PLAN: Champions work hard but they work smarter, not just harder, than others do.

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At A Glance - Material/Media	Instruction
	- That means doing their preparation and taking a strategic, creative approach to achieve goals. - Reps: We need strategic preparation (pre-call planning) and execution (use of NBS, CRCT, strategic questioning, etc.) to get an edge on competition and to overcome those obstacles. ⇒ Goal-Focus: - KNOW WHAT YOU'RE GOING TO DO: Champions are in control of their situation. - They do that by identifying and focusing on a clear goal, beginning with the end in mind.. - Reps: We need goal focus to have clarity of call and to provide framework for the call. ⇒ Continuous Improvement: - KEEP LEARNING AND PRACTICING: Champions, even when they are on top, never stop learning, trying new approaches, getting feedback and assistance from others, and practicing what they do, in order to be the best. - Champions never stop "raising the bar" for their own performance; they continually refresh, refine and improve, which is the reason for, and the name of, this workshop. - Like an athlete who practices shooting foul shots by the hundred each practice session or the dancer who practices the same move by the hundred each practice session, champions know they have to keep repeating the fundamentals or the bells and whistles won't work. - Reps: We need continuous improvement to not fall prey to the competition which is also continuously trying to improve and to keep adding value for the physician and the patient in a rapidly changing environment. ■ **Ask**: "What helps us maintain a continuous improvement mindset?" – an open mind ■ **Say**: "In order to change behavior of people, you must have the ability to demonstrate some or all of the champion themes when needed. Let's talk about four champions to help us understand those foundation themes so we can relate them to our daily activities as reps."

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At A Glance - Material/Media

WB: Champion Themes

Instruction

- **Refer** participants to **Workbook Page: Champion Themes** and **say**: The first person is Helen Keller. Despite being deaf and blind, Helen learned to read, write and talk. She graduated from Radcliffe College and wrote a book that became the Oscar-winning movie, "The Miracle Worker". Helen fought for social justice and also toured military hospitals during World War II. She was awarded the Medal of Freedom, the highest honor for a U.S. civilian.

- **Point** to the Wall Poster and **ask**: Which of the Champion Themes was demonstrated most by Helen Keller?

  Possible Response:

  ⇒ Winning Mindset

- **Say**: The second person is Martin Luther King. He dedicated his life to the non-violent struggle to end segregation in America. During the 1950's, King led boycotts, demonstrations and marches aimed at fighting segregation laws throughout the country. In 1963, King organized a march on Washington where he delivered his famous "I have a dream" speech, describing his vision of interracial brotherhood in America. His focus inspired others and led to dramatic civil rights changes.

- **Ask**: Which of the Champion Themes was demonstrated most by Martin Luther King?

  Possible Response:

  ⇒ Goal-Focus

- **Say**: The third person is George Washington. Washington was a brilliant strategic general. During the Revolutionary War, he chose to attack Trenton, New Jersey, which was held by British forces on the day after Christmas when the British troops would be sleeping off the party of the night before. His creativity and planning paid off in the surprise winning of the Battle of Trenton, which was a turning point in the Revolutionary War.

- **Ask**: Which of the Champion Themes was demonstrated most by George Washington?

  Possible Response:

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At A Glance - Material/Media	Instruction
	⇒ Strategic Preparation and Execution ■ **Say**: The fourth person is Tiger Woods. Tiger dominated amateur golf matches through his teens. At the age of 22, he won the 1997 Masters Tournament by 12 strokes, the largest margin ever. After winning the Masters, Tiger decided to take a risk and change his winning golf swing. He realized that in the long run, refining it was going to pay off. His approach paid off as he won the Grand Slam of Golf in 2000 at the age of 24. By taking a risk with his swing, he found greater success. ■ **Ask**: Which of the Champion Themes was demonstrated most by Tiger Woods? **Possible Response**: ⇒ Continuous Improvement
■ **Invest in Hobbies but not in Profession**	■ **Ask**: Speaking of golf, how many of you take golf lessons or piano lessons or some other type of lesson related to a hobby? ■ **Say**: OK, I see that many of you are spending time getting better at your hobbies. Now, how many of you invest time learning how to improve your selling skills? ■ **Say**: It's interesting to see how we invest the time and money to get better at our hobbies but don't invest the time to get better at our profession. ■ **Say**: Just as Tiger Woods focuses on continuously improving his golf swing, so should you strive to sharpen your selling skills. ■ **Say**: Let's return to our discussion about champions and how they influence others.
■ **Introduction of Call Success Elements Model (5 minutes)**	■ **Ask**: "Did any of the champions change others' behavior for the better, just as you have to change doctor's behavior for the better?" **Possible Responses**: ⇒ Martin Luther King's impact on civil rights

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At A Glance - Material/Media	Instruction
	⇒ Helen Keller's impact on the public's perception of people with disabilities
	■ **Ask**: "It's been found that some 87% of all calls last 2 minutes or less. How does that gibe with your experience?"
	■ **Say**: "Let's think about what we need to do in order to get the physician to spend more than 2 minutes with us."
	■ **Refer** to **Workbook Page: Call Success Elements**.
	■ **Say**: "To change others' behavior, champions first get attention of others and then keep that attention. That's exactly what you're doing on a sales call in order to change physician's prescribing behavior for a win-win."
WP: Call Success Elements	■ **Show Wall Poster: Call Success Elements** (get attention>>keep attention>>change behavior).
	■ **Say**: "You have to get and keep the physician's attention so you can change their prescribing habits. That requires the influence skills you reviewed in pre-work, and we will be looking at how to do that more specifically in this program."
	■ **Say**: Also, we have a better chance of changing our physicians' prescribing habits if we have a deeper relationship with them. But how do we build a deeper relationship?
	■ **Say**: A UCLA study in the 1980's determined that three areas influence relationships. The first area is words, which is what you say, your presentations. The second is your vocal elements, which is how you say things: your voice, tone, pitch. The third is your non-verbal which is your body language.
	■ **Say**: The study found that words influence relationships only 7% of the time. This statistic suggests that every time you open your mouth you're actually operating at a 93% failure rate! Vocal elements influence relationships 38% of the time and non–verbal has the greatest influence at 55%.

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At A Glance - Material/Media	Instruction
	■ **Say**: What this suggests is maybe our words aren't as important as the physician's words. We should focus on what we are asking and on showing interest in the physician's response with our body language.

"This class is not about just picking up new techniques. It's about enhancing them which is why we'll be sharing best practices. And, being a champion is also about who you are – it's part of your being. It begins with thinking like a champion and moves to behaving like a champion – a continual effort to raise the bar."

"Are you ready to be even greater selling champions than you already are?!"

At A Glance - Material/Media	Instruction
	■ **Note to Trainer**: Refer to the champion themes throughout the workshop where appropriate such as by asking, for example, "What did (name of champion) do when they were confronted by obstacles?" The foundation themes are also referred to throughout the workshop as they relate to specific topics. Inspiring quotes from these and other champions reinforcing the workshop themes will be shared later in the class.
■ **Agenda (5 minutes)**	■ **Refer** to **Workbook Page: Agenda**.
	■ **Say**: "Here's how we're going to raise the bar with your ability to put these themes into practice."
OH: Agenda	■ **Review Overhead: Agenda**

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At A Glance - Material/Media	Instruction
▪ **OPTIONAL: Link Themes to Agenda**	■ As you review topics, *quickly* **ask** or **explain** linkage of topics to champion themes as follows: ⇒ Pre-Work Strat. Prep, Goal-Focus ⇒ Baseline Videotaping Cont. Improvement ⇒ The Short Selling Time Challenge Win Mindset, NBS Model Refresher ⇒ Break-out Rooms and Final Practice Strat.Prep, Goal-Focus, Winning Mindset, Cont. Improvement ⇒ Obstacle Handling Win Mindset; Strat. Execution ⇒ "The Pull-Together / Pull-Together" Cont.Improve., Closing: Goal-Focus, Winning Mindset
▪ **Personalizing the Learning**	■ **Say**: "The program will review the skills and techniques. However, it is up to each of you to add your personal champion characteristics to pull through to success. You can take control of your learning by relating what we cover throughout the workshop to your personal challenge and critical incident. Make sure that by the end of the workshop, you have identified and practiced tips and best practices that will enable you to overcome your real and specific challenge."
▪ **Housekeeping and Groundrules (3 minutes)** WP: Groundrules	■ **Provide** basic housekeeping (location of restrooms and phones, breaks, etc.) ■ **Review Wall Poster: Groundrules.** ⇒ 100% Participation

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At A Glance - Material/Media	Instruction
	⇒ On Time ⇒ Be a Learner ⇒ Respectful ⇒ Stay in the Room ⇒ Cell phones off ringer (not on Wall Poster, so add verbally) ■ **Ask**: "What others would you like to add?"

"Champions have self-awareness. We'll begin by providing you an opportunity to assess where you are now in your selling effectiveness. Just as in the Selling Skills Seminar, we'll do that by asking you to tape a baseline call with your critical incident physician."

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At A Glance - Material/Media	Instruction
■ **Refer to Pre-Work** Pre-Classroom Assignment	■ **Instruct** participants to take out their Pre-Classroom Preparatory Assignment. ■ **Say**: "Your pre-work assignment #2 asked you to do some pre-call analysis of your critical incident physician. An element of that planning is to consider your physician's communication style and how you can most effectively work with it." ■ **Ask**: "How many have taken a class in B.E.S.T. communication styles?" ■ **Say**: "Most of you are familiar with B.E.S.T. and a summary of the styles was included in the pre-work. Therefore, we'll just do a real quick review here because understanding and employing the knowledge will certainly increase physician receptivity and help your call success. You'll want to include that analysis in your practice taping." ■ **Note to Trainer**: make this review of B.E.S.T. and Influence Skills VERY brief (10-15 minutes). Summary of B.E.S.T. styles was provided in the Pre-work Assignment.
■ **B.E.S.T. Styles** WP & WB: B.E.S.T. Styles 	■ **Refer** to **Wall Poster: B.E.S.T. Styles** and **Workbook Page: B.E.S.T. Styles**. ■ **Say**: "We know that everyone has a preferred style or styles of communicating, taking in information, processing information, making decisions, and relating to others." ■ For each of the 4 styles, **ask** full class: "How many believe they predominantly prefer that particular style?" (only one vote) ■ **Write** on blank **flipchart** the number of reps who identify with each style.

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At A Glance - Material/Media	Instruction
■ **B.E.S.T. Analysis**	■ **Say**: "There is no right or wrong style, even for reps. However, successful champions are aware of their own predominant style, notice others' preferred styles, and flex the way they communicate to best work with that other style so they can be more effective in building rapport and transmitting their message." ■ For each of the 4 styles, **ask**: ⇒ "Who has a critical incident physician who you think, from visual and verbal clues, prefers that communication style?" ⇒ "Describe for us what clues suggest that style." ⇒ "Full group: how would you advise your colleague to tailor their call given that pre-call analysis?"
	■ **Post** a few bullets of strategies provided, on a blank **flipchart** next to each respective letter of B.E.S.T. ■ **Ask**: "What questions do you have about B.E.S.T. styles?" ■ **Say**: "When you practice your call, prepare the rep who role plays the doctor as to what style they should demonstrate, and tailor your call to work with that style."
■ **Influence Skills** Pre-Classroom Assignment WP: Influence Skills 	■ **Say**: "Your **Pre-work Assignment** also included a reminder about Influence Skills." ■ **Refer** to **Wall Poster: Influence Skills** and summary of Influence Skills on prior **Workbook Page: B.E.S.T. Styles.** ■ **Say**: "Champions exhibit them all in being successful persuaders." ■ **Ask**: "In view of the short selling time that we'll be addressing, which influence skill is most critical?"

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At A Glance - Material/Media	Instruction
	Desired Responses: All of them. However, Asserting and Engaging are most necessary upfront to gain time to be able to Persuade, use Strategic Questions, Actively Listen, and then Close.
	■ **Ask**: "Which skills do we have to be particularly watchful for letting go by the wayside when confronted with a short selling period?"
	Desired Responses: All of them. However, Actively Listening and asking Strategic Questions tend to get lost when we rush.
	■ **Say**: "Keep in mind, as you conduct your baseline call, to use your influence skills."
■ **Influence Zone**	■ **Show Overhead: Influence Zone.**
OH: Influence Zone	
Pre-Classroom Assignment	■ **Refer** participants to the Influence Zone graphic in their Pre-work Assignment.
	■ **Say**: "Champions who achieve win-win's use all 6 influence skills. If you identified yourself as towards either end of the win-lose continuum with your critical incident physician, make a conscious effort in your upcoming practice to move to the center situation of "Influencer" by backing off or by asserting more and consciously employing more of the influence skills that may be lacking."
■ **Role of NBS Model**	■ **Say**: "The NBS Model is a wonderful strategic roadmap for guiding your call. There's room for everyone to put their personal stamp on it while still staying within the intent and framework that we know is effective."
WP: NBS Model Steps	■ **Show** the **Wall Poster: NBS Model Steps** and read off the names of the 5 steps.
OH: NBS Model Support Orbits	■ **Show Overhead: NBS Model Support Orbits.**

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At A Glance - Material/Media	Instruction
■ **Instructions for Videotaping of Critical Incident in Break-Out Rooms (5 minutes)**	■ **Say**: "The NBS Model is the framework through which you use your relationship and knowledge skills to achieve your goal. Later today we will take a quick look at how to make the model work best for us and we'll give you a chance to analyze a demo call using it within the short selling time context."
	■ **Say**: "We're now ready for the first break-out session with your coach. Here's how we'll handle the taping of your baseline videotape.".
OH: Baseline Practice Guidelines	■ **Refer** to **Workbook Page: Baseline Practice Guidelines.**
	■ **Review Overhead: Baseline Practice Guidelines**:
	⇒ Purpose: Effectively demonstrate real, challenging sales call.
	⇒ Later: With learning, feedback, coaching: 1 practice of same situation/partner to make call even better.
	⇒ Situation: Pre-work: Physician "Critical Incident" representing selling challenges.
	⇒ Realistic Short Selling Time: Stand up + 2-minute cut-off.
	⇒ Use sales aids. Consider pre-call analysis.
	⇒ Doctor: provide at least one obstacle. Adopt actual B.E.S.T. style.
	⇒ Bring Pre-work and Workbook with you to break-out room (write your name on them).

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At A Glance - Material/Media	Instruction
▪ **Team Make-up and Location** FC: Breakout Schedule 	■ **Refer** to **Flipchart: Break-out Schedule** (or distribute handout). Assign participants to their teams, coaches, and locations. **Notes:** ⇒ This assignment should be worked out in advance in conjunction with the business managers. Adjust as necessary to reflect no-shows. ⇒ Each coach will already have a Leader's Guide for Business Managers that they should have reviewed in advance. It contains the detailed instructions for each break-out session. ⇒ Each business manager should be given the key to his or her break-out room, which should be locked after each break-out session.
▪ **Logistics**	■ **Provide** logistics: ⇒ Main classroom will be locked so take what you need ⇒ Directions to break-out rooms. ⇒ Return time.

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2. Baseline Videotaping

Time: 60 minutes including break (9:20-10:20)

At A Glance - Materia//Media	Instruction
■ **Videotaping of Critical Incident in Break-Out Rooms (60 minutes including break)**	■ See instructions above. **Note**: If videotaping is not feasible, another option is to conduct a skill practice instead.

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3. Full Group Debrief upon return from break-out rooms

Time: 10 minutes (10:20-10:30)

At A Glance - Material/Media	Instruction
▪ **Full Group Debrief upon return from break-out rooms**	■ **Ask**: "What did you find were your greatest strengths?" ■ **Note to Trainer**: probe by asking, "What else?" ■ **Ask**: "What were your greatest challenges?" ■ **Note to Trainer**: probe by asking, "What else?" ■ **Ask**: "Physicians, did the representatives get your attention?" ■ **Ask**: "Representatives, who did most of the talking?" ■ **Provide** summary observations: ■ **Note**: In the event any of the promotional messages are not consistent with approved messages or Company policy, coach the representative and the group as to the issue raised and the proper approach. ⇒ Pressure is on with videotaping, just as it is when speaking with a physician in short time call. ⇒ Strategic planning (pre-call analysis) is critical to success – knowing what your goal is and what you will say to get there.

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4. NBS Model Refresher

Time: 20 minutes (10:30-10:50)

At A Glance - Material/Media	Instruction
■ **NBS Model**	■ **Ask**: "How many of you used the NBS model in your videotaped sales call? How many of you use the NBS model every day?" ■ **Say**: The NBS Model is a wonderful strategic roadmap for guiding your call. ■ **Say**: You all understand the model, so let's raise the bar by sharing some best practices in using it with your critical incidents and looking at how to apply it within the constraints of the short selling time."
■ **NBS Best Practices and Challenges Table Discussion (10 minutes)** OH: Instructions for NBS Advice Sharing Pre-work Prep Assignment	■ **Say**: "What we want to do now is share your critical incidents with colleagues and get some advice on how to better handle those challenges. You'll also be able to pinpoint where in the NBS model you should particularly focus in order to handle the call more effectively." ■ **Show Overhead: Instructions for NBS Advice Sharing** and **refer** to **Workbook Page: Instructions for NBS Advice Sharing**. ■ **Instruct** tables as follows: ⇒ Quickly review on your own the Pre-work Preparatory Assignment section entitled: "Your Experience in Using NBS with your Critical Incident Physician." ⇒ Share Critical Incident Challenge: Each member briefly share at your table the key challenge(s) you identified in pre-work that makes your critical incident physician a tough sell. Avoid discussing challenges that are unrelated to the call itself or that are unique to a particular physician. Record each rep's primary challenge on table's flipchart. ⇒ Identify Related NBS Step: Identify the NBS step that each challenge relates to, either that they are having difficulty using the step effectively to get past the challenge or that better use of the step would help get past the challenge.

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At A Glance - Material/Media	Instruction
▪ **Debrief (10-15 minutes)**	⇒ Share Advice: Each member receives 2 minutes (someone at each table keep track of time) of suggestions from colleagues at the table for possible ways to better handle the challenge of the step. ⇒ Allow 10 minutes. ■ **Debrief** by asking each table: ⇒ "What is the challenge?" ⇒ "What step causes the most trouble and why? Or the step that would be most helpful to use more effectively to overcome the challenge" ⇒ "What were the most useful suggestions for better using that step of the NBS model? ■ **Note to Trainer**: sample responses: ⇒ challenge = "yes man" doctor; step that is useful = Assess; ⇒ challenge = time constraint; step that is useful = Identify a Need; ■ **Request** and add additional suggestions, noting that each step (except Messaging) will be reviewed in detail during the rest of the program.

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5. The Short Selling Time Challenge

Time: 60 minutes (10:50-11:50)

At A Glance - Material/Media	Instruction
▪ **Close Eyes Vision Exercise**	■ **Say**: "I want you to close your eyes. Now imagine the following scenario: you walk into the physician's office. He immediately comes out and greets you with a smile. The physician ushers you graciously into his office, offers you a comfy chair and something to drink. He then sits back and announces that, although he is very busy with patients, he is so interested in what you have to say that he wants to provide the next 30 minutes of undivided attention to you! Now open your eyes."
▪ **Short Time is the Reality**	■ **Ask**: "Was that realistic?" ■ **Say**: "Unfortunately, we have to take a cold dose of reality!" ■ **Say**: "As we discussed earlier, some 87% of all calls last 2 minutes or less."
▪ **Call Success Element: Get Attention** WP: Agenda	■ **Refer** to **Wall Poster: Agenda.** ■ **Say**: "Given that reality, let's look closely at dealing with the common challenge of making the most out of what appears to be a short selling time. Think back to the call success elements." ■ **Ask**: "What is the first element?" **Desired Response**: Get attention.
WP: Call Success Elements	■ **Refer** to **Wall Poster: Call Success Elements**
▪ **Demonstrate Ineffective Methods of Responding Short Time (3 minutes)**	■ **Say**: "Let's look at some typical "attention getters" used in the short selling time. Tell me if they sound familiar."

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At A Glance - Material/Media	Instruction
WP: Call Success Elements	■ **Say**: "The doctor's looking harried and waving his pen in the air and says, 'I don't have time for you today. What do you have for me to sign?'" ■ **Refer** to the **Wall Poster: Call Success Elements**. ■ **Ask**: "Which of the 3 Call Success Elements are needed now?" **Desired Response**: Get Attention ■ **Demonstrate** several ineffective responses: ⇒ By just giving in: "I realize you're busy, doctor, is there a better time I can speak further with you?" ⇒ By just providing a compelling message and a close, such as: "Dr., Zocor® saves lives. Will you prescribe it for all your patients with high cholesterol?" ⇒ By throwing in a benign question such as, "How's it going with Merck product?" or "Are you using many of those samples?" ⇒ By talking really fast to get in most of the steps of the NBS model quickly, sounding robotic, and not causing the physician to focus on what you're saying.
■ **Discussion Questions**	■ **Ask**: "What's the result of those approaches?" **Possible Responses** (provide this information if class does not offer all of the following): no changing of behavior ■ **Ask**: "What does the physician think of you when you take those strategies?" **Possible Responses** (provide this information if class does not offer all of the following): you devalue what you say; you communicate that you have no value to add, and that you will go away quietly ■ **Ask**: "How do you feel about yourself afterwards?" **Possible Responses** (provide this information if class does not offer all of the following): not very good!

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At A Glance - Material/Media	Instruction
▪ **Defining Moment of Opportunity**	■ **Say**: "You've got to have adequate time to get your message across. You have a clear choice to make at the defining moment when the physician's pen is in the air: get the physician's signature and just toss in something to say about the product OR change the dynamic of the call by gaining the physician's attention to extend time." ■ **Say**: "If you do not try to extend the time you have, by piquing the physician's interest you will pass up a critical opportunity – a defining moment of champions."
▪ **OPTION: Champion Linkage**	■ **Say**: "It's those defining moments that distinguish all champions: ⇒ Helen Keller could have felt sorry for herself when she went blind and deaf. ⇒ Martin Luther King could have laid low when his home was firebombed. ⇒ Tiger Woods could have avoided the pressure by not turning pro as young as he did. ⇒ George Washington could have finished his years with a comfortable life without the challenges of taking on the presidency."
▪ **I'm Busy = Do you have value for me?**	■ **Ask**: "When the doctor says, 'I'm busy,' what's he or she really saying in most cases?" **Possible Responses**: Convince me that it's worth my busy time to spend with you. ■ **Say**: "Sure, there are times where all hell's breaking loose and no matter what you say or do, there really isn't any time. But the vast majority of the time, the physician just needs to be shown the usefulness of the information you have to offer. Champions have the confidence and the know-how to demonstrate their value, and it becomes a self-fulfilling prophecy because they gain the physician's respect. Martin Luther King kept repeating the phrase, 'I have a dream' until it rang in listeners' heads, and became memorable. If he had just said it once, it would not have had the same impact."

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Say: "Let's look at how you can be more strategic to take advantage of those critical moment opportunities- when the physician's pen is dangling in the air."

At A Glance - Material/Media	Instruction
▪ **Requirements to Get Attention** WP: Call Success Elements	■ **Refer** to **Wall Poster: Call Success Elements,** first factor: "Get Attention." ■ **Ask**: "What makes an attention-getter effective?" **Possible Responses:** ⇒ what the doctor is interested in; ⇒ what's relevant to the doctor; ⇒ what the doctor needs -- the latest disease and treatment information; ⇒ a competitive understanding of drugs and their application to their patients; ⇒ related to core messages or the product ■ **Say**: "Sure, there's room for using creative ways to get attention that are unrelated to your product, such as talking about something of personal interest to the physician. But the bottom line is still going to be getting and keeping attention by showing you have value to add. That's how you distinguish yourself from the other companies' reps who just try to be cute."[1] ■ **Say**: Let's talk about two effective ways for getting the physician's attention: bold openings and S.O.A.P. Most of you are familiar with S.O.A.P. but bold openings are probably a new concept.

[1] **Note**: Value is defined as something intrinsically important that guides or motivates an individual. It does NOT refer to anything of monetary value which is in violation of Merck policy.

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At A Glance - Material/Media	Instruction
	■ **Say**: A bold opening accomplishes three things: it gets the physician's attention, makes the physician stop what he/she is doing and gets them to respond. Not only does it get the physician to respond, but even better, it gets the physician to respond with a patient profile. ■ **Say**: Tell me what you think about this bold opening. ■ **Facilitator**: Give an example of a bold opening that includes two parts: 1) an approved message about a Merck product and 2) a question such as "What patient in your practice would you not start on drug X?" ■ **Ask**: "What were the two parts of the bold opening example that I just used?" **Possible Responses:** ⇒ Compelling message ⇒ Question about the physician's patients/practice ■ **Say**: The bold opening will give you a competitive advantage for many reasons. First, it will differentiate you from the competition since it's a different type of opener. Second, it should result in the physician talking to you and even giving you a patient profile. Third, it's probably more concise than the openers you have used in the past. Finally, even if the physician doesn't give you an answer, you have still left him/her with a compelling message!
Value and Role of Identify Need Step	■ **Point** out how many openings, are really variations of the step of "Identify Need." ■ **Say**: " Identify Need is your primary method for getting attention of the physician upfront so you can engage them enough to deliver your message and persuade them to change their behavior." ■ **Say**: "When we think of identifying the need, we usually think of using a patient profile in Brands that have approved Patient Profiles. Some reps eliminate that step." ■ **Ask**: "Why is that?" **Possible Responses**: Too lengthy and cumbersome.

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At A Glance - Material/Media	Instruction
	■ **Provide** example of a cumbersome Identify Need step, such as "Doctor Jones, how would you treat a 65 year old, Caucasian woman with a T-Score of –2.7, 2 previous vertebral fractures and a family history of osteoporosis?"
	■ **Say**: "So, our bold opening not only gets the physician's attention but it should also identify the need by getting the physician to provide us with a patient profile.
	■ **Ask**: "What other value does the Identify Need step provide besides getting attention?" **Possible Responses**: provides focus for call; you can tie your close back to the need identified at the call start; you can refer to the need with examples throughout the call.
■ **Group Exercise: Bold Openings**	■ **Break** participants into groups by product groups.
	■ **Refer** participants to **Workbook Page: Bold Openings**.
	■ **Instruct** each group to: ⇒ Create 1 bold opening for their lead product. ⇒ Determine for which B.E.S.T. style physician would the bold opening be most effective. ⇒ Flipchart their answers.
	■ **Allow** 8 minutes.
■ **Debrief**	■ **Debrief** by asking each group to share their answers and **ask** class to provide feedback on each bold opening.
■ **B.E.S.T. Styles**	■ **Ask**: "In general, which B.E.S.T. style physician does the bold opening work best with?" **Desired Response**: Bold.
	■ **Ask**: "How can we change the wording of the bold opening or how should we use our non-verbals in order to effectively deliver these bold openings to other B.E.S.T, styles?"

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	Possible Responses: ⇒ Technical – use figures, percentages ⇒ Supportive – focus on benefits to patients ⇒ Expressive – show enthusiasm; appeal to his/her ego
	■ **Say**: "Another option to get the physician's attention is to do a 15-30 second S.O.A.P. This technique works especially well with physician's that have a Technical BEST style. In this case, you are providing the physician with a patient profile."
■ **Variety of Methods**	■ **Say**: "It just goes to show that there's no one way, although there are some key components. You have to use your personality style, your relationship with the physician and knowledge of his or her B.E.S.T. style, and what works with the context of the situation."
	■ **Say**: "In any case, you have to be mentally prepared to extend the time from the 15 second call to the 5 minute call. It's an attitude of 'I'm going to get the time!' And goal-focus keeps you in control."
	■ **Say**: "You must also, of course, know what you're talking about -- have the disease and product knowledge in order to extend that call. Once again, it's a combination of attitude, behavior, skills, and knowledge that distinguish champions."
	■ **Say**: "Try out some of the methods we've discussed today. Make a commitment to engage the physician instead of walking away – the next day after the class."
	■ **Point** out **Workbook Page: Key Points about Extending the Short Selling Time.**

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At A Glance - Material/Media	Instruction
▪ **Demo NBS with Short Selling Time (10 minutes)**	■ **Say**: "We've talked about how you don't have to cut out NBS steps when time is short. Instead, you use the first step, Identify Need, or some other method to gain attention, and the rest of the NBS steps to keep attention. I'm going to demonstrate the use of the NBS model with a Business Manager in a short selling time situation. We'll try to make this realistic in the sense of the physician not easily giving up on their time constraint or their obstacle. However, the point is to demonstrate that you can cover NBS quickly and you can extend time with the physician using it."
WB: Demo Checklist	■ **Refer** to **Workbook Page: NBS Demo Observation Checklist**.
	■ **Instruct** participants to listen carefully during the first demo and take notes on the following: ⇒ Which steps are used. ⇒ The impact of each of the steps on the way the call unfolds. ⇒ How is the short time handled. ⇒ What gets the physician's attention. ⇒ What keeps the physician's attention. ⇒ Overall Liked Best/Next Time.
▪ **Explain Situation**	■ **Explain** to the class the physician profile, and goal for the call.
	■ **Request** that someone keep track of time and announce 2 minutes into the call as a way of giving a sense of how much can be covered quickly.
▪ **Demo**	■ **Demonstrate** the call.
	■ **Note to Trainer:** ⇒ It is advisable to prepare the example and coordinate with your partner.

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At A Glance - Material/Media	Instruction
	⇒ The physician should be realistically tough and include at least one obstacle, which should be handled with CRCT. ⇒ Begin call same way as baseline taping: "What have you got for me to sign?"
▪ **Debrief**	■ **Debrief** the workbook questions and **discuss**. ⇒ Which steps are used. ⇒ The impact of each of the steps on the way the call unfolds. ⇒ How is the short time handled. ⇒ What gets the physician's attention. ⇒ What keeps the physician's attention. ⇒ The use of questions. ⇒ Overall Liked Best/Next Time.
▪ **Opportunity to Influence Call**	■ **Say**: "We know that in reality, a call does not always go so smoothly as we would like, because there are numerous factors that are hard to directly control. However, as we review further concepts in this class, you will see how much you can at least influence, if not actually control."

"The NBS model has tremendous power if you use it effectively and strategically, along with your Relationship skills and Knowledge. As we continue the workshop, we'll look further at how to make the model work for us."

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Lunch

Time: 50 minutes (11:50-12:40)

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6. Assessment Step

Time: 40 minutes (12:40-1:20)

At A Glance - Material/Media	Instruction
■ **Importance of Assessing** WP: NBS Model Steps	■ **Refer** to **Wall Poster: NBS Model Steps** Step 2: Assess. ■ **Ask**: "You already have a lot of data about <u>what</u> the physician is prescribing from Insight. And, of course, you're examining that data as part of your pre-call planning. So, why would you still want to include the Assess step in pretty much every call?" **Possible Responses** (provide this information if class does not offer all of the following): ⇒ Understand not only <u>what</u> they are doing, but their thinking behind that prescribing choice, the "<u>why</u>": ⇒ Get physician thinking about their current prescribing habits – they may not be fully aware of them -- so you can raise doubt in their mind about use of competition ⇒ Gain understanding of physician perceptions and misperceptions so you can change them and clear them up ⇒ OPTION: give example of misperception that might be discovered from assessment and then dealt with ⇒ Gain understanding of physician's decision making process, values and criteria for choosing treatment, so you can influence them
■ **Champion Quote** OH: Emerson Quote	■ **Show Overhead: Emerson Quote.**

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At A Glance - Material/Media	Instruction
▪ **Group Exercise: Identify Assessment Questions (5 minutes)**	■ **Say**: "Questions are so valuable. Another champion, Ralph Waldo Emerson, the highly influential essayist and poet, said in 1852, 'When we have arrived at the question, the answer is already near.'" ■ **Say**: "Let's see what kinds of questions you're using to assess." ■ **Ask** participants to share some of the assessment questions they typically use or would use with their critical incident physician. **Flipchart** their responses. ■ **Note to Trainer**: this exercise is simply a set-up for talking about how to make assessment questions they are asking more effective. Later, the group will return to the questions on the flipchart to improve them. Therefore, do not do a major debrief and analysis now.
▪ **Short Time: Assessment Questions Must be on-Target**	■ **Say**: "However, we have to be sure that our assessment questions are really on-target and strategic. In the short selling time we have, we can't afford to waste a question that doesn't provide us useful information because we don't get a lot of opportunity for many follow-up questions."
▪ **Requirements for Effective Assessment Questions**	■ **Ask**: "What makes an assessment question effective?" **Possible Responses:** ⇒ gets physician thinking and focused on what you want them to consider, ⇒ engages physician interest to extend time, ⇒ provides rep new information, ⇒ reveals true prescribing rationale, ⇒ is not threatening,

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At A Glance - Material/Media	Instruction
■ **B.E.S.T. Styles**	■ **Ask**: "How would you differ your assessment question depending on the physician's B.E.S.T. Style?" ■ **Lead** brief discussion, pointing out, for instance, how a question that might be engagingly provocative to a Bold might be threatening to a Supportive. Also, note how the tone of voice affects how the questions are received.
■ **Increasing Power of Assessment Questions**	■ **Ask**: "Even if you do not have children, I think you can relate to the following example. What kind of response are you likely to get if, at the dinner table, you ask your adolescent, 'How'd school go today?'" **Possible Responses**: ⇒ "OK" ■ "What did you learn?" **Possible Responses**: ⇒ Not much."
■ **Strategic Questions**	■ **Ask**: "However, what kind of response are you likely to get if you ask, 'Describe for me what happened today in school compared to yesterday.' Examples of richer responses: "My math teacher wouldn't explain the problem I had trouble with in a different way but yesterday she was really nice to me." "Johnny was spreading rumors about my girlfriend and yesterday he was acting like my best friend." ■ **Ask**: "What's different in the type of response evoked by the question?" **Possible Responses**: Richer, more engaged response. ■ **Ask**: "What was different about the question that made it work?" **Possible Responses**: More focused while still being open-ended makes person think, especially about feelings, and open up more

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At A Glance - Material/Media	Instruction
	■ **Say**: Strategic questions that begin with phrases like "describe", or "share with me" and ask the person to compare can make your questions more effective and lead to more in-depth responses.
	■ **Say**: Comparisons are based on the following: time (vs. last year), trends (what is happening in the marketplace), thought leaders and surveys.
	■ **Say**: By making the person think about his/her response, you get a richer conversation.
	■ **Provide** an example of a weak assessment question and then a powerful one to illustrate the difference: "What results do you get with Zocor®?" vs. "Describe for me the last patient you put on Zocor® and the effects you have seen compared to other patients." OR "Tell me about how you treated the last lipid patient and how does it compare with what how you were treating your lipid patients a year ago."
■ **Alternative Assessment Lead-ins** WP: Call Success Elements	■ **Refer** to **Wall Poster: Call Success Elements**, Keep Attention.
	■ **Say**: "Asking questions that start with 'what' and 'why' aren't bad, but we can do better. Since we have to Keep Attention, we want more questions that engage and that distinguish you from the competitors' questions. Let's look at some additional ways to vary your assessment questions so they don't sound canned and to make them more powerful so you maximize the value you obtain."
	■ **Ask** for alternative ways of asking what and why. Post on blank **flipchart**. **Possible Responses**: "how," "what factors," "describe," "compare," "tell me about," "explain," "show me," "teach me about."
	■ **Say**: "Phrased this way, it leads the physician to the fact that his need and his patient's needs are the most important thing. And, it often enables the physician to show their smarts, which we know they like to do."

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At A Glance - Material/Media	Instruction
■ **Re-evaluate Assessment Questions (5 minutes)**	■ **Instruct** participants to review the assessment questions listed on the flipchart earlier and then to do the following: ■ **Evaluate** and then **reword** any questions that can be made more powerful and effective. ■ **Consider** whether some of the questions may be made more varied or powerful by using an alternative lead-in. ■ **Ask** participants to share any improved assessment questions and **instruct** them to write down the improved assessment questions on **Workbook Page: Assessment Questions**.
■ **Verbally Trying Out Improved Questions (5 minutes)** OH: Assessment Questions Practice Instructions	■ **Say**: "What really matters is what comes out of your mouth, not what goes on paper. Therefore, here's an opportunity for you to try out asking these improved assessment questions." ■ **Review Overhead: Assessment Questions Practice Instructions**: ⇒ Pair up and stand facing partner. ⇒ Ask each assessment question out loud to partner. ⇒ Receive feedback from partner about the effectiveness of each question. Doctors: notice, and then include in your feedback, how it felt being asked the question – how appropriately assertive was the question's wording and delivery. ⇒ Switch back and forth in delivering the questions. ■ **Announce** that time is up after 4 minutes.
■ **Share Out (5 minutes)**	■ **Call on** several participants to share some of their most interesting or valuable improved assessment questions. ■ **Discuss** the effectiveness of those questions and why they are effective

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At A Glance - Material/Media	Instruction
■ **Conclusion**	■ **Point out Workbook Page: Key Points about Assessing.** ■ **Say**: "We've raised the bar on Assessing by simply making the questions richer so you'll obtain richer responses and more honest, valuable information, keep attention, and differentiate from the competition."

"As we've seen, our champions all know how to handle obstacles – whether blindness or a sandtrap! – and so should you! Now, we'll look at dealing with obstacles that are raised by the physician."

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7. Obstacle Handling

Time: 40 minutes (1:20-2:00)

At A Glance - Material/Media	Instruction
WP: Agenda ▪ **Building Credibility via Obstacle Handling: Restaurant Story (5 minutes)**	■ **Refer** to **Wall Poster: Agenda** to highlight the topic of obstacle handling. ■ **Note to Trainer**: It is okay to read the following verbatim and act out as much as you can. If you prefer, use an example of your own to make the same points. A simpler alternative to the following story is: You ask Waiter what he recommends. He responds, "Everything's good." Vs. Waiter who describes the specials in detail. ■ **Say**: "Imagine you and your significant other have gone out to a nice Italian restaurant for dinner. The waiter asks you if you would like to have a bottle of wine with the meal. You reply that the two of you prefer red wine to white, but that in looking at the wine list, you see that the restaurant only has Italian wines and your experience is that those wines tend to be lighter bodied and less smooth than the California cabernets that you favor, so maybe you'll just have a couple of glasses of tap water." ■ **Ask**: "Now, what do you think of the waiter who passively says 'OK'?" (not much) ■ **Ask**: "How much credibility does the waiter gain in your eyes for his ability to recommend food dishes if he just says, 'Well, I don't really think that's the case' and doesn't know enough about the different wines to suggest something to your liking?" (very little)

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At A Glance - Material/Media	Instruction
	■ **Ask**: "On the other hand, what do you think of the waiter who says, 'A nice full red wine would go well with what you've ordered. Do you prefer something full-bodied that is more redolent of spices or something fruitier?' and shows you the two bottles. (*Trainer: for effect, actually demonstrate with 2 empty (!) bottles of wine or bottled water meant to exemplify wine.*) He then goes on from your response to indicate that there is a wonderful big Barolo from the Piedmont region made from the Nebbiolo grape which, as the name suggests, gives its finest wines in those areas where early morning fog, nebbia in Italian, often shrouds the vines at vintage time. It will provide a long-lasting taste and a remarkable bouquet reminiscent of violets and fresh-turned earth, not dissimilar to a good California cab. He then asks if that would meet with your approval, and receiving an enthusiastic affirmative, he goes off to get the bottle, while you salivate!" (*Impressive waiter – I'll listen to him.*)
	■ **Ask**: "Might you then be inclined to listen to this guy's recommendation for a place to go, perhaps, dancing afterwards, too?" (*you bet!*)
■ **Credibility through Obstacle Handling**	■ **Ask**: "What has he built up?" **Possible Response**: Credibility based on preparation, enthusiasm, knowledge and presentation.
	■ **Say**: "And that credibility is what enables you to add value because the buyer will listen to you. It also extends the time you have with that person for that same reason."
	■ **Ask**: "How did he gain that credibility?" **Possible Response**: He knew his stuff and he used the CRCT model and his statements were true and accurate.

"Being prepared with product and competitive knowledge and an enthusiastic attitude is up to you. What we're going to focus on here is raising the bar for your ability to augment those ingredients."

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At A Glance - Material/Media	Instruction
■ **Quick Review of CRCT Steps (3 minutes)** WP: CRCT	■ **Refer** to **Wall Poster: CRCT** and **Workbook Page: Key Points about Obstacle Handling**.
■ **C-R-C-T**	■ Quickly **review** each step: ⇒ **C**: Clarify -- be sure you understand the obstacle correctly and specifically ⇒ **R**: Resolve – use your sales aids and data to help the doctor deal with the issue ⇒ **C**: Confirm -- ensure the concern has been resolved before moving on - **Ask**: "What are ways you ask for confirmation?" **Possible Responses**: "Does that address your question?" "How does that sound?" "How are you now feeling about that issue?" ⇒ **T**: Transition – move on to your message
■ **Importance of All CRCT Steps (2 minutes)**	■ **Ask**: "What steps do we most likely leave out when we handle obstacles?" **Possible Response**: Clarify and Confirm ■ **Ask**: "Why do we sometimes leave them out?" **Possible Response**: Trying to save time; Making assumptions; Afraid of answer if ask for confirmation ■ **Ask**: "What could happen if you leave out 'Clarify'?" **Possible Response**: May be wrong about real issue; may be stuck with a smokescreen obstacle; may provide validity to obstacle as though it's one you hear all the time that does not need clarification

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	■ **Ask**: "What could happen if you leave out 'Confirm'?" **Possible Response**: May not have solved it to satisfaction of physician; but it does not go away and catches up with you later when you try to close
▪ **Transitioning Example**	■ **Provide** example of transitioning while *linking to patient profile*: ⇒ "Now that we have agreed that Merck product and competitor are similar in efficacy, when it comes to what separates these two in terms of meeting the needs of your profile patients, it is with _____" Or, here is an example of *transitioning to a close*: ⇒ "Given the efficacy and convenience of Singulair®, will you prescribe Singulair® as a First-Line Controller in appropriate mild-persistent patients who now require daily controller therapy?"
▪ **Demonstration of CRCT (3 minutes)**	■ **Ask**: "Would someone provide me with a typical obstacle you face?" ■ **Demonstrate** use of CRCT by handling the obstacle, using the volunteer to role play the physician.
▪ **Demo Debrief (5 minutes)**	■ **Debrief** full group and hold discussion as follows: ⇒ **Ask**: "What did you find most effective in my handling of the obstacle?" ⇒ **Ask**: "What might you have done differently and why?" ■ **Re-run** the demo using the different responses that are suggested, with the new volunteers OR **request** that the volunteers conduct the demo using their approaches – but always ensure that CRCT is at the core of what they do!

"Let's look at some tough obstacles you run into, and figure out what's behind them and how to best deal with them."

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At A Glance - Material/Media	Instruction
■ **5 Categories**	■ **Write** on blank **flipchart** the following 5 phrases: ⇒ Cost ⇒ Managed care ⇒ Class effect ⇒ Compliance ⇒ Efficacy
■ **Identify Obstacles**	■ **Ask** participants to share their most common challenging obstacle from their critical incident physician and **flipchart** their responses. ■ For each, **ask**: "Which of the 5 categories do they fall under?" ■ **Note to Trainer**: Shorter Alternative: Just **ask** class, "Do they all fall under these 5 categories?" ■ **Ask** selected participants: "How would you ask questions to uncover the real obstacle?" ■ **Say**: "Almost all obstacles are really about efficacy. The other four obstacles, Cost, Managed Care, Compliance and Class Effect, are usually smoke screens."
■ **Example**	■ **Share** Cost example: ⇒ Rep: "Dr., how many of your patients are cash paying?" ⇒ M.D. response: "15%". ⇒ Rep: "Then, will you write Zocor® in the 85% of the rest of the patients in your practice?"

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	⇒ M.D. response: "No." ⇒ Rep: "So, it isn't cost that is the issue."
	■ **Say**: "If the physician truly believes the Merck product is the best in the class, they will write the product. IT'S ALL ABOUT EFFICACY!! When you resolve, you have to ensure you include the efficacy message."
■ **Solutions (5 minutes)**	■ **Instruct** participants to pair up and discuss with a partner how to handle each of their respective critical incident obstacles. **Instruct** them to take into consideration the B.E.S.T. style of their critical incident physician.
	■ **Instruct** participants to write on prior **Workbook Page: Critical Incident Obstacle** the questions they would ask to clarify and the way they would use each other step of CRCT as a result of the discussion.
■ **Role Play and Feedback (5 minutes)**	■ **Say**: "We want to be sure that when you do your final practice and, of course, on territory, you are as confident and effective as possible. That requires actually working through the obstacle. So, we'll give you another quick practice opportunity before heading back to the break-outs."
	■ **Instruct** participants to stand and role play handling the obstacle with their partner as follows: ⇒ Physician raises obstacle to rep (obstacle and specific Merck drug prompted before role playing by rep). ⇒ Rep responds using CRCT with physician responding naturally and answering clarify questions. ⇒ Physician provides feedback to rep: what worked well and what could be done better. ⇒ Switch roles and repeat steps 1-3.
■ **ALTERNATIVE OPTION**	■ **Note to Trainer**: If time permits and you feel that the class would benefit from more concentrated coaching, instead of a paired exercise, divide up the full group into teams and assign a coach to role play the physician and provide feedback and coaching.

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At A Glance - Material/Media	Instruction
▪ **Advice for Handling Challenging Obstacles (10 minutes)**	■ **Ask** volunteers to share their tough obstacles and how they handled them. ■ **Ask,** and then briefly **discuss**: "How did you tailor your handling of the obstacle based on the physician's B.E.S.T. style?" ■ **Ask** full group for other ideas and provide additional advice.
▪ **Perceived Dead-End (5 minutes)**	■ **Say**: "Sometimes you feel that you've tried everything and you can't get past the physician's resistance or complacency. That can be really frustrating – OR a personal challenge that our champions would probably relish because any success is so much the sweeter."
▪ **Solicit Best Practices**	■ **Ask**: "What are some best practices you can suggest regarding what to do when you feel you've met a dead end of continued resistance over a period of time?" **Possible Responses** (provide this information if class does not offer all of the following): ⇒ Show new data ⇒ Ask what it would take to convince the physician to switch ⇒ Ask a colleague in your cluster to help out ⇒ Obtain a 3rd party advocate for credibility ⇒ Be persistent and creative but patient ⇒ Rely on the "bandwagon theory" – everyone likes to be associated with a winner: end a compelling message with approved statements that emphasize the success of the Merck Product you are promoting.
▪ **Champion Quote**	■ **Say**: "Remember, you have additional resources to use and additional opportunities to change that physician's behavior. You may not think you're getting through to them, but you'd be surprised how they are hearing your messages."

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At A Glance - Material/Media	Instruction
■ **Keller Quote** OH: Tough Obstacles	■ **Show Overhead: Tough Obstacles** (Helen Keller Quote). ■ **Say**: "One of our champions who knew something about overcoming frustration, Helen Keller, once said, 'Defeat is simply a signal to press onward.'"

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Break

Time: 15 minutes (2:00-2:15)

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8. Closing

Time: 20 minutes (2:15-2:35)

At A Glance - Material/Media	Instruction
■ **Review of Closing (10 minutes)** WP: NBS Model Steps	■ **Refer** to **Wall Poster: NBS Model Steps** to refer to the topic of closing.
■ **Importance of Finishing**	■ **Say**: "You KNOW that our champions don't work so hard to blow it when the goal is in sight. You, too, have been working hard as you've made your way through the NBS model and are now ready for the payoff – the close. By having made a strong opening as you identified need, and strategically working the physician along via the NBS steps, the close should be a natural next step."
■ **Steps of Closing** OH: Steps to Closing	■ **Ask**: "What are the 3 elements of the Close?" ■ Post on blank **flipchart**, then **Refer** to **Workbook: Key Points about Closing** and **Show Overhead: Steps to Closing** **Desired Responses**: ⇒ Summarize key points for the physician to remember. ⇒ Check for agreement that there are no obstacles remaining. ⇒ Ask for specific, realistic and measurable action.
■ **4th (Unofficial) Step: Follow Up Promise**	■ **Say**: "There's really a fourth step to the Close: tell the doctor that you'll follow up on the action that he or she has agreed to. Step 3, 'specific, measurable action,' enables you to hold their feet to the fire. It will increase the chances of them actually following through, knowing you'll be calling them on it. Use it when you do your final practice of the critical incident in a moment."
■ **Need All Steps**	■ **Ask**: "What's the danger of going straight to the 3rd step, "Ask for action," without first summarizing and checking in?"

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	Possible Responses: asking for action is harder if you don't remind the doctor of what they've agreed to
■ **Summarize Crisply**	■ **Say**: "The first step of the Close, 'Summarize,' can't be long-winded; you must make it a crisp summary of the key messages and comparative advantages."
■ **Gain Agreement**	■ **Say**: "The second step of the close is 'Gaining Agreement/Trial Closes.'"
	■ **Ask**: "What might that sound like?"
■ **Example**	■ **Provide** example of 4-step close.
■ **Mini-Agreements**	■ **Say**: "Not only do you want to check in and ask this 'trial close' at the end before asking for action, but you're also seeking a series of 'mini-agreements' along the way during the call."
■ **Value**	■ **Ask**: "What's the value of gaining 'mini-agreements' all along the way?"
	Possible Responses (provide this information if class does not offer all of the following):
	⇒ minimizes surprises at end; gets physician saying "yes"
	⇒ enables rep to move on by building to inevitable conclusion
	⇒ provides trial close information.
■ **Seek Examples**	■ For each response, **ask**: "What might it sound like to ask for or confirm that agreement?"
	Possible Responses (provide this information if class does not offer all of the following):
	⇒ Confirmation that obstacles have been overcome: "So, Doctor Jones, it sounds like all your concerns and questions have been addressed, or is there anything still outstanding?"
	⇒ Confirmation that data backs up message: "How convincing, then, would you say is the clinical data in favor of prescribing *Merck product*?"
	⇒ Agreement that Merck product is a sound medical option for appropriate patients: "Is there any reason why you wouldn't prescribe *Merck product*?"

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At A Glance - Material/Media	Instruction
■ **Open Ended**	■ **Say**: "What do you notice about these examples?" **Possible Responses**: the door is open for a more genuine answer from the physician because the question is asked more open-ended than a traditional, "Would you agree…..?"
■ **Ask for Action**	■ **Say**: "Be sure that your 'checking in' does not become a substitute for your final close. The third step is the core of the close – asking for action."
■ **Example**	■ **Ask**: "How do you ask for action?" **Possible Response**: "Will you prescribe…?"
■ **Assertive request**	■ **Say**: "Be more specific and bolder than just 'Will you consider prescribing…?'" ■ **Ask**: "What can you tie that request to in order to make it more powerful?" **Desired Response**: patient profile
■ **B.E.S.T. Styles**	■ **Say**: "As we've examined each step of NBS, we've made note of how it can be tailored to be more effective based on your analysis of your physician's B.E.S.T. style." ■ **Ask**: "How might you adapt your close for each of the 4 B.E.S.T. styles?"
■ **Individual Application Exercise (6 minutes)** Handout: Best Call Notes	■ **Instruct** participants to remove from their workbook pocket Handout: Best Call Notes. ■ **Instruct** participants to do the following: ⇒ For your critical incident scenario, identify what you would say for each of the four sub-steps of the Close step. Go through the 4 steps and write them down. Remember, what business are you asking for? The identified need -- the patient profile. ⇒ Deliver to a neighbor and get feedback.
■ **Debrief (4 minutes)**	■ **Request** volunteers to share novel closes.

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At A Glance - Material/Media	Instruction
■ **Conclusion**	■ **Coach** when appropriate to correct use of unapproved closes. ■ **Say**: "Champions are not afraid to ask for the close because their winning mindset tells them they have earned it. They've done their preparation, they've added value for the client. In fact, since it's the natural next step to create the win-win, champions feel uncomfortable not asking for the business when the time is right. The only way you get to change behavior is to ask for it; the compelling message, alone, won't do it."

"The time is now right for you to put it all together by revisiting your critical incident and redoing the role play call based on all you've discussed, learned and practiced over the course of the workshop. Are you ready for "The Pull-Together?!" It's time to put together all that we've looked at in a final break-out room practice and taping. Back to your break-outs, where your coach has instructions. Good luck and we'll see you back here at __:____"

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9. "The Pull-Together" – Final Practice in Break-Out Rooms

Time: 1 hour, 20 minutes (2:35-3:55)

At A Glance - Material/Media	Instruction
▪ **Videotaping of Final Practice in Break-Out Rooms**	■ **See** instructions above. **Note**: If videotaping is not feasible, another option is to conduct a skill practice instead.

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10. Wrap-Up

Time: 20 minutes (3:55-4:15)

At A Glance - Material/Media	Instruction
■ **Reference to Final Taping**	■ **Ask**: "How many feel they hit a home run on that last call?" ■ **Say**: "I want to hear everyone say 'Grand Slam' when I ask that question again!" ■ **Ask**: "How many feel they hit a home run on that last call?" **Desired Response**: "Grand Slam!" ■ **Say**: "That's better! Now, you know what, if you don't feel like you hit a home run, that's okay. Because your coach and your colleagues are there to help you further raise the bar to go from that triple you slammed to slugging it out of the park."
■ **Achievement of Objectives of Class**	■ **Say**: "Let's go back to the objectives for this class. We wanted to go back to the fundamentals and drill them and refine them and make sure you can use those basic tools like NBS and CRCT confidently and effectively, because they do work. And use them effectively within the reality of the short selling time that you face." ■ **Ask**: "How helpful was it to do that?" ■ **Ask**: "To what extent did that coaching in your break-outs make you feel more confident that you can handle the challenging calls and extend the time?"
■ **Transfer Learnings Going Forward**	■ **Say**: "Don't leave the learnings from this class behind. Your first task when you return to territory should be to get in front of that critical incident physician and apply what you did in that 'Full Monty' call and take it even further, because it'll be live and real! ■ And keep making use of your business manager – their job is to help you be successful, so ask them questions, get their advice, take advantage of their expertise! ■ You've been learning a lot of tips from your colleagues. I recommend you pull those workbook pages at the back out and keep them handy for when you pre-call plan your calls for tomorrow.

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At A Glance - Material/Media	Instruction
	■ In fact, I challenge you to use just a couple most valuable learnings tomorrow and let me know of your positive experiences in an MVX. ■ **Write** your MVX on a blank **flipchart**.
■ **Summary of Individual Learnings** 4" x 6" Post-its (1 per rep) Blank Index Cards (1 per rep) CD Player or Cassette Player and Music	■ **Distribute** 1 **index card** and 1 **post-it** (4" x 6") to each participant. ■ **Instruct** participants to write: ⇒ on a *post-it*: 1 key specific learning enabling them to better handle their critical incident ⇒ on the *index card*: 1 area to focus on continuing to improve on job ■ **Instruct** participants to stick the post-it on their back and circulate reading as many other post-its as possible (while trainer plays upbeat music) ■ **Instruct** participants to mail their index card to their business manager, who will be asking for it.
■ **M.L. King Video** VCR, Monitor, King Video clip	■ **Say**: "Let's listen to part of Martin Luther King's "I Have a Dream speech." ■ **Show** video clip (last words are " I have a dream today."). ■ **Say**: "King was someone with goal-focus – he kept getting shut down but kept going." ■ **Ask**: "How many times did he repeat the phrase, 'I have a dream'?" ■ **Say**: "Just as with a physician, you must keep repeating the compelling message and at some point, the physician will be 'free at last' when he or she prescribes the Merck drug if that is the most appropriate for the patient!"

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▪ **Raising the Symbolic Bar**	■ **Say**: "All right, champions, let's raise the bar!" ■ **Instruct** everyone to: ⇒ line up, ⇒ first person in line raises the plastic inflatable bar overhead, and ⇒ each person passes it overhead to the person behind them.
▪ **Gifts** Tiger Woods Book	■ **Distribute** token gifts that are related in some way to the champion concepts.
▪ **Class Evaluation Forms** HO: Workshop Feedback Form	■ **Distribute Handout: Workshop Feedback Form.** ■ **Collect** when completed.
▪ **Announcements**	■ **Announce** any necessary travel or reimbursement logistics or news.
▪ **Thanks and Good Bye**	■ **Thank** business manager coaches and participants and wish participants good luck.

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11. Level 2

Time: 30 minutes (4:15-4:45)

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	■ **Distribute** a copy of the *Business Manager Coaching Guide* for the course. ■ **Point out** the key behaviors their Business Managers will be looking for during field visits. Emphasis the purpose of the Coaching Guide is to help the Business Manager support what they've learned during the course and reinforce application on the job. ■ **Instruct** participants on how to complete the Learning Check for this course. ■ **Explain**: During the introduction of this course I mentioned that you would be completing a Learning Check. The purpose of the Learning Check is developmental only. There will be no pass/fail grades and no scoring of the learning checks. You will be provided with individualized feedback. The aggregate data will enable Sales Training to evaluate Merck's sales training investment. So please, take your time to carefully answer each question. Over time the combined results of this Learning Check will be used to revise both the Learning Check questions and the content of the course. ■ **Instruct** participants to click on *Learning Check Icon* and follow directions. **Explain** the on-line help feature as well as how to use the job aids to follow the learning check process. ■ **Instruct** participants to close their laptop when they are finished. ■ **Allow** time for everyone to complete the learning check (typically it will take 1 minute or less per question). ■ **Note to Facilitator**: There are *2 options* for debriefing the learning check. Choose the most appropriate debrief based on the time remaining at the end of the course.

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■ **Debrief: Option 1 (30 minutes)**	■ **Refer** to **OHs: Learning Check** and **WB: Learning Check**.
	■ **Say**: We'll now review the answers to the Learning Check questions. Please follow along with me on the overhead since once you submit your answers you no longer to have access to the questions on your laptop. As we review the questions, please write down the numbers of those questions that you believe you answered incorrectly. Place a star next to those questions that were particularly challenging for you.
	■ **Review** the question (quickly) by reading them or having a participant read the question from the overhead and identifying the answer.
	■ **Ask** participants to raise their hands if they found that question challenging.
	■ **Refer** to prepared **FC: Challenging Questions** and tally the # of participants that raised their hand for each question number.
	■ **Review** all questions and answers.
	■ **Tally** the numbers for each question on the **flipchart** and **identify** the 3 questions that were the most challenging for participants.
	■ **Say**: In order to assist you with applying information and skills from this course back on territory, let's spend a few minutes reviewing the rationale for the top three questions you found the most challenging. Unfortunately we don't have time to review the rationale for all the questions you found challenging.
	■ **Review** the rationale for the answers to the challenging questions. You may need to refer back to the classroom materials for the specific learning points. If time permits, ask a participant to provide rationale for the correct answer.

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■ **Debrief: Option 2 (15 minutes)**	■ **Ask** participants what questions they have before you move on to the next question. After all questions have been reviewed **thank** the class for their participation and interest in the learning check. ■ **Remind** them that their scores will be sent to them via email. ■ **Say**: Since we are almost out of time, I'm going to review the answers and rationale to only those questions that you found challenging. ■ **Refer** to **OHs: Learning Check** ■ **Say**: Please follow along with me on the overhead since once you submit your answers you no longer to have access to the questions on your laptop. Take a look at the questions on the overheads. ■ **Ask**: Which questions did you find the most challenging? ■ **Ask** participants to raise their hands if they found that question challenging. ■ **Refer** to prepared **FC: Challenging Questions** and **tally** the # of participants that raised their hand for each question number. ■ **Note to Facilitator**: Review ONLY the challenging questions on the OH and the answer and rationale for each. You may need to refer back to the course materials to review specific learning points. If timing is an issue, only review the top three.)
Level One Evaluation	■ **Ask**: What questions do you have about the rationale or the key learning point? ■ **Move** on to the next challenging question. After the most challenging questions have been reviewed **thank** the class for their participation and interest in the learning check. ■ **Remind** them that their scores will be sent to them via email.

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	■ **Distribute** *Level One Evaluations* as participants complete the Learning Check (make sure course code and session number is filled in on form)

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