



## Coaching to Competencies Conversations with a PDS Client

Sales Manager Interviews: Excerpts

Three weeks after an initial PDS 'Coaching to Competency' Clinic –

"After a few calls, I can tell the reps are starting to have fun focusing not on the sales process but on outcomes."

This has made me realize that my traditional view of a coaching—where I just tagged along with a rep who was delivering invitations—has got to change. I have to see ways they are adding value. It's coaching situations that provide value that count. I need to say, 'Let's sit down and discuss some of your calls'."

I started out explaining the Adoption Pathway and said, 'let's focus on the behaviors of the physician.' Pick out a physician, place him on the Pathway and provide your own evidence. I then pushed them to not take their own word for it—not to trust their own perceptions—but to look for evidences. After the work-withs, one of them said, 'This was great. Thank you'."

After a rep totally mishandled a sales call, I showed him the 36 competency behaviors and asked, 'So which behavior do you think would have made sense for you that could have made that call pay off?' The rep identified that he should have spoken about the 'treatment guidelines', and from there he identified the sequence of behaviors he could have used to get to that behavior (discusses treatment guidelines). So the rep saw the missed opportunity and now has a game plan for the next time he sees this customer."

After coaching, I asked my rep, 'How did it go?' She thought it went great. I then asked her, 'How do you know?' She melted. She stuttered and her face turned white. She admitted she didn't know how to tell. We discussed evidence, the Adoption Pathway and came to an agreement of what to look for to know how it has gone. She said she felt more comfortable about going back."

I was at dinner with all my reps. They were discussing problems and asking me for solutions. I thought, 'Rather than give them solutions, I'll try this out.' and threw out a couple of insightful questions and sort of stepped back. They all turned to each other—instead of me—and came up with their own solutions. I could see them puff up as they came up with multiple solutions. They all worked together. I even puffed up as I felt so influential."

I have the most difficulty in advising my senior reps. They know as much as I do. The competencies have provided a way to mentor them. I see no end to their development now."

I spent two hours discussing the problems in a large clinic with my reps. Using the 'How Physicians Think' model, we identified the Trailblazer and the Traditionalists, and then we built a strategy to leverage the trailblazer's experience—who is writing our drug—on the traditionalists, to get them to write. A whole plan of action was developed."

One of my reps is out on maternity leave so we're short-handed. I also have a new rep who needs training and a senior rep who was interested in moving into management. I assigned him as a mentor to the new rep and gave him the 36 behaviors as a guide. I've never done that before. It worked better than I expected. Bonding between them has occurred and it has provided him with some management experience. They both are very happy."

Afterwards (a call together), I ask them where they think the doctor is on the Adoption Pathway. What's the evidence? It has drawn them to open up CRM (IT tool). They're starting to see that the evidence for the doctor's positioning might be seen in CRM."

I explained the research on superior reps. They all read it and were amazed. The relationship people went, 'Whoa'. They agreed that the idea was to get everyone across the line into superior reps."

The next round (of work-withs), I'm going to get them to do a self-assessment on the CAM. Just put JH-1, for example, on the roster so we can track their movement. They will do a self-assessment and then I'll show them mine. What I am seeing right now is that they are validating my assessment of them. That makes me feel more comfortable."

Boy, that (CAM) could impact what Training is doing and determine the training they (reps) need—even on a national level!"

The difference between my coaching now is that before I was more subjective. Now I can be very objective. Everyone likes it better. Even when I ask an uncomfortable question, when I disturb them, I'll say, 'Let's stop right now. That was an example of me disturbing. What does that mean?' They respond that it made them think. I explain that is what is meant by disturbing."

One interesting point, I am mainly ID but I have 2 COPD reps. I don't know their disease area. Well, I found out I didn't have to be an expert to coach. I can apply the coaching technique without being an expert. It's true!"

With my reps, I just ask questions like, 'where is the physician on the adoption pathway? How do you know? Where do you want to go on the Adoption Pathway?' Then I show them the competencies and explain the linkages between the behaviors as the way to get them (physicians) there. And then I ask them what path on the competencies makes sense with this particular doctor."