

Participant: Kostas VVVVVVVV

Date: 29 July 2013, Monday

Doctors:

**Understand**

ELEMENTS/BEHAVIOURS	Strong Point		On Target		Needs Development	Comments
Link with Previous Call Records - Call as a Continuum - Opening Question	Starts a well-anchored discussion based on past calls' issues/commitments and links them with new call's objectives through open-ended questions	✓	Introduces previous calls' points of discussion or pending issues, reminding the Dr. past commitments using some questions (open/closed-ended)		Follows a vague or very concise introduction on general issues/observations and steps abruptly to the subject matter	Initiates the discussion through past call's issues and Dr.'s areas of interest. Steps immediately into this call's agenda and utilises well-spotted and very focused open-ended questions. Can further expand intro's impact through a well-thought preparation
Create a Positive Climate / Relationship - Link with Purpose of the Call	Manages to engage the Dr. in personal discussion creating a very positive climate, through questions and well-adjusted NVC (smile, posture, eye contact, etc.). Identifies a well-spotted link with current visit		Maintains the relationship by creating a responsive and convivial atmosphere, as a means to introduce/state the purpose of the visit		Invests minimum time in building up the relationship -or does it in a mechanical mode- and directly states the agenda of the call	Helps all involved stakeholders to get involved in a very positive, warm and personalised discussion, creating thus a welcoming atmosphere that facilitates access and sets the scene for an open and honest discussion. Demonstrates a very adaptable and flexible mode of communication, matching Dr.'s style
Gain the Right To Ask Questions - Exploring Open-Ended Questions	Motivates a set of well-placed and strategically formulated open-ended questions and informs them according to Dr.'s reactions/responses		Uses primarily open-ended questions, prepared in advance, in order to recover the agenda of the discussion and rebound on Dr.'s positions		Utilises sporadically open-ended questions on an ad-hoc basis, adopting a formless pattern of discussion	Unfolds a focused, well-formulated and sometimes challenging set of open-ended questions to cope with the agenda of the call. Has the ability to come up with critical ?< on the spot and potentially expand on Dr.'s points of interest, maximising both visit's communication impact and exploring outcomes
Active Observation and Listening	Actively observes Dr.'s verbal / non-verbal reactions and changes in state, by remaining silent, listening to potential 'agenda pathways' and spotting them out creatively through open-ended questions	✓	Listens actively to Dr.'s arguments, identifying some NVC signals, whilst creating links with the purpose of the call or specific agenda elements of advanced investigation		Shows a rather detached stance towards Dr.'s agenda, interrupting the flow of the discussion and missing important points of further exploration	Highlights constructively Dr.'s areas of concern and rebounds on answers that facilitate the agenda of the call, using primarily ?<. Can further improve the outcomes of the interaction, having prepared in advance the backbone structure of the call and the facilitating tools

**Plan**

Clearly Planned Agenda - Pre-Defined Call Objectives	Presents a well-planned, fluid and forward-looking structure for the visit, clearly articulating the core agenda and main objective of this call		Develops a backbone structure for the call, well-centred around the main purpose of this specific visit	✓	Focuses primarily on the most obvious objections / disagreements, stating basically counter-arguments in order to tackle them.	Suggests a rather vague and commonsensical definition of call objective and can invest more in preparing the concrete agenda of this specific visit and its supporting structure
Clear Understanding of Dr.'s Needs/Problems/Goals	Thoroughly apprehends the sequence of Dr.'s NPG and has the ability to navigate through them by preparing ascending/descending questions		Demonstrates a solid understanding of Dr.'s Goals / Problems and adjusts call's structure and preparation accordingly		Depicts a foggy and rather rudimentary view on Dr.'s NPG, using mainly factual examples and situational analysis	Portrays an imprecise and hazy view regarding Dr.'s NPG and seems to rely strongly on gut feeling expectations from the visit rather than on an a priori planning and strategic design of each call
	Fills in the structural flow of the					Follows an ad hoc approach in dealing

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b i e C a l l s  O b s e r v a t i o n	Well-Prepared Strategy to Tackle Dr.'s NPG (Questions/Objections)	visit with a set of well-formulated, interlinked open-ended questions, anticipating in advance potential objections or disagreements		Prepares in advance few open-ended questions for each part of the call, having a broader knowledge of the main fields of disagreement/dissatisfaction	√	Figures out a way to tackle objections on the spot and thinks of some questions to support/promote call's agenda	with each phase of the call, thinking of some well-spotted questions, adopting mainly an impromptu style of handling the agenda and the anticipated areas of disagreement	
	Defined Call's End-Objective and Closing Gain	Defines in advance and in rather concrete terms the closing gain for this specific visit and links it with a wider client strategy		When asked, shows a clear-cut knowledge of call's end-destination and Dr.'s final commitment		Faces difficulties in specifying the end-point goal of the call, usually describing it through vague or commonsensical dimensions		
	<b>Advance</b>							
	Identify Objections / Disagreements / Competition and Handle with PACE	Masters a sharp and receptive listening aptitude, which makes even the most subtle disagreements to surface, using extensively the PACE approach to handle them.		Sufficiently overcomes most of the emerging objections, mainly through some form of acknowledgement and rarely through counterquestions	√	Focuses primarily on the most obvious objections / disagreements, stating basically counter-arguments in order to tackle them.	Misses some opportunities to deal with subtle objections and mostly gets involved either in a 'telling-mode' (counter-arguments or data) or follow-up questions. Fails to consistently come up with sincere 'acknowledgements' and counterquestions, despite the deep knowledge of the tool (PACE).	
	Investigate Future Opportunities / Move the Sale Forward	Actively explores most of the implied opportunities to advance the sale, by asking ?< (Ascending/Descending) related to Dr.'s strategic needs	√	Occasionally grasps Dr.'s elements of concern regarding future NPGs and underlines their value and importance mainly through argumentation		Fails to pick-up and highlight opportunities to move the sale forward and reach an upscaled level of interaction	Creates a solid platform for further investigation of Dr.'s areas of concern, mainly through open-ended questions that can easily move the sale to a higher-level of exchange. Misses critical opportunities to dig more and unveil deeper client needs (using Ascend. / Desc. ?)	
	<b>Close</b>							
	Spot Out Buying Signals - Expand Through ?< (Ascending/Descending)	Observes in great detail in- / direct Buying Signals and accentuates their effect using Ascending/Descending ?<		Points out most of the released Buying Signals, underscores their value for the client (through arguments) and sporadically poses ?< (Ascend./Descend.)		Misses critical or overt positive remarks mentioned by the client and often gets engaged in overselling and info sharing statements		
	Get Dr.'s Commitment on Future Actions - Getting the 'YES'	Narrows down most of the collected commitments / benefits raised by the Dr. into a set of well-posed closing questions and elicits consent on future action or timeframe		Recalls the most salient commitments or progress steps identified during the visit and confirms their validity through closed-ended questions		Confines the closing phase of the call into a mere reminding session of past messages / agreements, whilst prompting the Dr. for further cooperation	Intentionally comes back to the most important findings or progress steps of the visit and reiterates Dr.'s commitments and/or requests, mainly through closed-ended questions and statements	
	<b>Analyse</b>							
	Call Results vs. Initial Agenda	Gets deliberately involved in a straightforward juxtaposition between the planned strategy and the outcomes of the visit, reflecting on the core findings/gains and analysing the quality of the interaction		Suggests a broader evaluation of the call, moving through the most important snapshots of the meeting and the emerged gains derived from this interaction		Delineates a rough and unconditioned sense of the call quality, having no reference to the pre-call agenda or to a specific communication / behavioural handling		
	Ability to Define and Elaborate on Personal Strong Points and Future Improvement Areas	Displays a profound insight about a large array of personal strengths and points of future behavioural progress, articulating them in terms of competency/skill development rather than in factual/situational terms		Pinpoints the most significant positive developments of the call and links them directly with established behavioural skills, whilst reflects on future improvement needs based on concrete holdbacks evident in the discussion	√	Comes up with an elementary and relatively flat analysis of personal success moments and difficulties faced in the discussion, mostly based on gut-feeling hints or noticeable facts/reactions	Has the ability to reflect on the most critical phases of the meeting, holding a rather clear view of the emerged outcomes. Can move forward by getting into a more well-defined analysis and correlation between call results and behavioural tools utilised to achieve them	