

Selling Big in Big Pharma

By

Jim Crutchfield

SELLING BIG IN BIG PHARMA

***A STEP-BY-STEP GUIDE
TO A LUCRATIVE
CAREER IN
PHARMACEUTICAL
SALES***

Jim Crutchfield

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You will not become an incredible professional salesperson overnight. You will evolve into a dynamic salesperson with practice and good training. This book is your starting point.

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ACKNOWLEDGMENTS

First and foremost, the author would like to acknowledge the person who hired me into the pharmaceutical industry way back then, **Bruce Dodd**, from Columbia, S.C. To say that I was green and unprepared would be the understatement of the decade. But he was patient, and I was dedicated. After all, I had to support my family. And Bruce was a great teacher. He put it all out there, and I gobbled it up.

Secondly, I would like to acknowledge **Mr. Ed Woods**, of Cincinnati, Ohio. Ed was our Director of Training at the time I joined our company and for many years afterward. I still remember Ed at the front of the room overcoming, with ease, every objection the class could throw at him. I was amazed!

I can honestly say that those two people taught me ninety percent of what I know that relates to selling pharmaceuticals. Along the way, there have been several others that I have learned from, and I am happy to say that mostly they were people who I hired into the industry, people who worked for me. Learning is a two-way street, and to think the salesperson learns from the manager, but the manager does not learn from the salesperson – well, that would be a mistake.

Following are some examples:

Jerry Acuff, yes, that **Jerry Acuff**, taught me what a human SPONGE looks like. I would tell him something one time and it was his immediately and forever. He was and is AMAZING!

Rick Klein taught me how to see doctors that “do not see reps.” If I had not learned that from **Rick**, I would have had to get out of the business mid-career. He also taught me the three things everybody “loves to talk about.” Don’t worry, it’s all in the book.

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Ted Bright taught me that “Brilliance is Simplicity and Consistency,” and to “Keep it Simple Salesperson.” Those things gave rise to a segment of my educational training.

Roger Carr taught me that if you know how to build relationships, the office staff will give YOU gifts at Christmastime.

Doug Herold taught me that there are instances where the salesperson IS smarter than the doctor. Some of those doctors did not deserve to have someone that smart calling on them, and I told Doug that.

Thank each of you above for teaching me at the same time I was teaching you, and for giving me the opportunity to work with you and have “all that fun.” It has been a big part of my life. Yeah, thirty-eight years!

Of course -and last but not least- I would like to acknowledge my family and friends who have encouraged me along the way, especially my **Mama and Daddy**, who I appreciate so much more now than I did then, my only sibling, **Jack**, who served as a role-model for me, daughters; **Karen**, who is- yes, a pharmaceutical rep, and **Lisa**, who is a Professor of History at Lynchburg University. I am extremely proud of you both! Granddaughters **Alison** and **Lindsey**, still young but on their way to GREAT THINGS. And my special friend, **Penny Henderson**, who constantly helps me along the way, and whom I love and admire.



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ABOUT THE AUTHOR



Jim Crutchfield is President and CEO of Lynnhaven Consultants Company, a consulting firm located in Virginia Beach, Virginia. He has 30-plus years' experience in corporate America in sales and sales management.

Most recently, Jim has done educational seminars in the areas of public speaking, selling skills, and management skills, always receiving good to excellent evaluations in all areas.

Jim has a Bachelor of Arts degree from Virginia Wesleyan University in Liberal Studies with emphasis in English/Creative Writing. He is a member of the National Speakers Association, and Toastmasters International.

Jim is fond of saying, "It is extremely gratifying to me to teach people in a day or two the things it took me many years to learn."

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FOREWORD

This is an important book that my mentor, Jim Crutchfield, wrote and it is a must-read for anyone who is in the pharmaceutical industry or who wants to be.

The author knows BIG PHARMA inside and out. He was a highly successful sales leader for many years, during which time he hired and trained many people who became “stars” in the industry.

I was lucky enough to be one of those, and my rewards over the years for learning under Jim have been enormous, both from a monetary standpoint and the standpoint of self-achievement.

Jim taught all of us the skills that are explained in this book producing many sales leaders, and some managers who went on to teach the same skills to others, benefiting the company exponentially.

Those timeless skills are the gift to every reader of this book. They are presented in a highly simplistic yet powerful way so that each skill is immediately actionable.

I have always believed that genius is the ability to make complex things simple and, in that way, this book is genius. For all of you who read this book, I thank the author for sharing his wisdom. I owe so much of my success to the author for that wisdom but also for the coaching, mentorship, and friendship we have enjoyed over all these years. If you are in the pharmaceutical business, or want to be, you will be thrilled that you read this book.

Jerry Acuff, CEO
Delta Point, Inc.

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INTRODUCTION

To THE READER: For years I worked to learn and perfect the intricacies of pharmaceutical selling, and then for thirty-plus years I brought people into the industry and taught them how to be successful with what I had learned. After retirement, I looked back and thought how satisfying it would be to teach people, in a short period of time, all the things it took me thirty-eight years to learn.

And so that is what gives rise to this book. In it, I take the reader through the entire gamut of selling skills needed to assure a person of having a highly successful career in this lucrative field. If you like to sell, and you enjoy calling on professional people, and you get satisfaction from helping others, and you like to have fun, a career in pharmaceutical sales might be perfect for you.

I can help you get the job (<https://www.lynhavenconsultants.com> under “interview tips) and I can teach you how to have enormous success in this business. Begin the journey by carefully reading and studying this book and then by implementing the steps that are covered herein.

If you work and practice to get good with these few skills you will make a lot of money, and you will have a lot of fun.

As I was fond of saying as I ushered a new person into this industry, “If you do what I tell you, you cannot fail.”

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THE PACKAGE

I offer this as an EARLY BONUS to you, the reader. It is something that you will not be taught by your company's training department, but it is something that is extremely valuable to you as you make your effort to excel in the pharmaceutical industry.

When I was training new people that I had hired I would talk to them during the first few days about their "package". It was a term that I made up that got them to thinking about everything they would be showing to their customers., because I had come to know from my experience as a sales representative that your customers will look at everything you offer to them, everything you show them, everything you say to them, and they will evaluate all that before they begin to buy from you. This is all common sense, but most people don't think about it, and most companies don't teach it.

The "package" includes everything, from your car, your trunk, your attire, your demeanor, your smile, your voice, your knowledge, your sincerity. I could go on and on, but you get the idea. I always, in my discussions of the "package", emphasized to these new people that before the doctor buys (begins using) your products, he or she will ask himself/herself several questions; "Do I like this person? Do I like the way he/she presents? Do I like his/her product? and do I like his/her company?"

The product is what it is, and the company is what it is, but you, and only you, control what he/she sees in the person, and only you control the way you present your story/material to the physician, and what he/she sees is the "package". I.E., all those things you put in front of your customers.

Make sure you wrap it up and put a bow on it. It means everything to your customers, and, therefore, to your business.

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CHAPTER ONE – TERRITORY ORGANIZATION

When working any job, clearly one of the most important things to do initially, is to get organized with the job, and what it entails. That is certainly true with a job as a pharmaceutical rep. The development of well-defined and structured organizational skills is essential to the proper utilization of time and effort. Studies have shown that a huge problem in sales force management is poor utilization of time and effort.

In order to avoid diminished productivity in the pharmaceutical industry, guidelines should be established for:

- A storage system for samples and sales tools
- An office in your home
- Organizing your automobile
- Organizing your “selling” bag
- Organizing Administrative Functions
- Planning your work week and day
- Planning your sales calls

I suggest you go back and read the above once more. Doing these things are vitally important to your success. And there are many “small points” to be made regarding the above, things like “always over-plan” and “stick to your schedule.” More precise information on these can be found at <https://www.lynnhavenconsultants.com>.

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I will spend a little more time in this chapter on number 6 above- Planning your work week and workday; In today's world, with technology what it is, your company will provide you with a picture of your new territory, pre-populated with a list of all your doctors in your computer with "target" physicians identified. "Target" physicians are the ones that have been identified as physicians who see a lot of patients for which your products are "indicated".

The total number of physicians in your territory will likely number 300-500 with maybe 100 or so indicated as "targets". Frequently doctors that you are advised to call on are represented by green and those of lesser importance are indicated in red, or vice versa.

This information your company gives you, though generally reliable, is not always 100% correct, which is to say that you should always be on the lookout for doctors on your lists who are deceased or who have moved away. It is from this map of your territory and this list of your physicians that you will plan your week and your day. You should have a clear picture of that map in your mind in order to organize the territory in a way that works efficiently for you.

There will be differences from one company to another as to what is included in your territory map and your physician lists, but most companies will furnish you with something like the above so that you can work your territory efficiently.



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CHAPTER TWO - THE OUTER OFFICE

The outer office is where it all starts. It is your first contact with your customers. When you walk in the front door, everything in front of you is the outer office. You will, of course, see patients seated waiting to see the doctor, and, usually toward the back wall will be the receptionist area behind a glass or Plexiglas partition. There will be an open window. That is where the receptionist usually will be seated. That person, the receptionist, is usually the key to your getting to see the physician and other people.

When you first enter through the front door always smile and try to make eye contact with the receptionist. The first impression she has of you is important, so you want to look friendly and yet professional.

As you make your way toward the receptionist's window, it is good to visually survey the room and notice how many patients there are, their ages, and so forth. Also note the other office personnel there who might be visible. They could be nurses, or they could be administrative people such as an insurance person. Usually most of those will be in the "back offices" but sometimes they might be found in the reception area.

Don't ignore any of these. Because any of them could be important to your success in that office. Be friendly with all of them.

When you get to the receptionist, introduce yourself and your company and hand her your card. Your words should be something like "Good morning, I'm John Doe, and I am with XYZ Pharmaceuticals. I wanted to get in today and try to find out the best ways to go about seeing your physician(s)."

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The receptionist will usually begin telling you the hours the doctor is in, days off etc. She might also tell you the specialty of the physicians. You should have with you a pad and pen or pencil to write that information down. A good question after receiving that information is “When does he like to see pharmaceutical reps”?

She might give you a specific day and time (by appointment) or she might give you the best times to come by to try to see him. If he works by appointment, of course, ask “Can I make an appointment now”? (Have your calendar available). If he does not work by appointment, you might ask “Would it be possible to see him now, or sometime later today”?

There is additional information you will want to find out about the doctors later, like where he went to medical school, what hospital he practices in, etc. but don’t try to get too much information the first-time in.

If the receptionist offers that the Doctor can “see you now, if you don’t mind waiting”, simply thank her and have a seat. Do have a seat where she can see you, so she does not forget about you, and it is best to look attentively at the receptionist rather than picking up a magazine and looking too “comfortable”.

A third possibility is the receptionist might tell you that the doctors “don’t see reps”. There are a few of those around. I will say a couple of things now about those physicians, who we call “no-see docs”, and I will have information later in the book on how to see them. It is amazing! The first thing I will say now is that there are plenty of people in the office that can help you other than the physician, so don’t despair. You might be able to talk to the nurses, giving them information and asking them to pass it on to the physicians. You might be able to get back and leave information /brochures/research papers on the doctor’s desk. He/she might read the information, or he/she might “toss it”, but they have to look at it to decide, and that is one exposure to your product.

At any rate, after you do on that first call what you are allowed to do, thank everyone (with a smile) who helped you, and courteously leave the building. I say “courteously” because your exit is part of the package that we have already talked

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about; let patients go ahead of you, open the door, and hold it open for elderly patients. (It all adds up).

Once in your car, think back about what just happened and look at it as a success, even if all you did was meet some nice people and get some information that will help you the next time. Those nice people hold the key to your future, and some of them will become good friends. I told you earlier this job is not hard – not if you do it the right way. And that wasn't hard, was it?

As a second **EARLY BONUS**, I offer **SEVEN** secrets to working the outer office effectively; (These were taught to me by one of my favorite people, and one of the best people I ever hired. He is talked about in the Acknowledgments Section)

Here is what he taught me about working the outer office.

- Make everyone feel important
- Make everyone talk about themselves - vacation plans, children, restaurants, etc. (Show pictures of your kids and they will show you pictures of theirs)
- Make their problems your problems
- Get personally involved with them (And they will get personally involved with you)
- Become a part of the team (Have a predictable defined role to play in that office- something they count on you for- like Samples, Patient Education Material, etc.
- Let them know that they have really helped your career through their support (and they will know that you are counting on them in the future)
- Ask for their advice and they will get personally involved with the results

Note to the reader: The above is worth thousands of dollars to you over your career, and I have just given it to you for FREE!

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It is important, at this point, for me to point out to the reader the following; If you don't get to see the physician the first time in, or the second or third, do not consider it a failure. *There are many things you can do on that call that will, down the road, contribute to your success. So do what you can and leave and feel good about it. Your "doctor count" might be low initially but you can know that you are making great progress toward ultimately selling your products. Remember, it's a marathon, not a sprint. You are in this for the long haul.

All of these might be available to you in each office.

- Receptionist Call
- Nurse Call
- Sample Drop
- Information Drop
- Doctor Call
- Group Presentation
- Luncheon Presentation

I mentioned earlier that I would include some information about seeing the doctor who "does not see reps." You do encounter some of those in this business and it is important that you know how to deal with that situation, and so I offer this as a **THIRD SPECIAL BONUS**. And so here it is:

The first thing we need to do is to think about why a doctor would establish a policy of "not seeing reps". Do they NOT want your information? Do they already **KNOW EVERYTHING**? Are they just **MEAN**?

The answer is **NONE OF THE ABOVE**. Doctors **CANNOT** know everything, medicine changes too quickly. And they **DO** want your information. They need it to treat their patients effectively. And most doctors who "don't see reps" are the

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NICEST people in your territory. That is one reason why they have that policy. They feel if they see a representative from one company, then they are obligated to see them all. And they don't have time to see them all, so they see no one.

It is also important to point out that, because they are so nice, it is hard for them to say "no", and that can present an uncomfortable situation, especially in reference to "aggressive salespeople".

So, how do you get your message to them? You deliver your message to the doctor's nurse, and if you do it well, the doctor will listen. He/she will be moving from treatment room to treatment room and will hear what you are saying. You might even see him stop and pretend to make notes on a chart, but he will be listening to you. I have seen this happen many times. It is amazing!

And so, that way the doctor gets your message without having to take the time to "see you", and, importantly, he does not have to see the other thirty-five people who try to call on him.



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CHAPTER THREE – APPROACHES

Upon entering the doctor's office, it is good to offer a few seconds of personal chit-chat so that you come across as being friendly – a real person, if you will – maybe a word or two about the weather or how nice the office is.

Now, you probably have heard that the sale is made in the first thirty seconds. That might or might not be true, but undoubtedly, the sale can be LOST in the first thirty seconds. Why? Because we failed to get the customer's attention. I have seen it too many times. The pharmaceutical salesperson might say "I would like to talk to you about my product XYZ," - or "how is my product XYZ working for you?"

What is wrong with that approach? What is wrong is that you are opening the discussion by talking about something that is of interest to you, not to the doctor. The primary interest for most physicians is treating their patients in a professional manner and helping them get well in the shortest period of time at the lowest possible cost with the least amount of disturbance to a normal lifestyle.

And so, a better approach would be to talk about the doctor's patients. An example would be "Dr. Jones, I could see in your waiting room that you see a lot of geriatric patients, and frequently those patients might have congestive heart failure" ...

Or "Dr. Jones, as an optometrist, I know you must treat a number of patients who come in complaining of dry eye" ...

Examples of approaches like these center attention on the doctor's patients and so you have a better chance of gaining favorable attention. And so, you can see why getting good at "Approaches" is mandatory if you are going to have a successful

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career in pharmaceutical sales. A list of approaches can be found on my website at <https://www.lynhavenconsultants.com>,

So, to summarize this chapter, an approach is a selling skill that enables you to gain favorable customer attention. Now, think about that. What does that mean?

It means that up-front you have the doctor wanting to hear what you have to say rather than having him filling out a patient chart pretending to listen to you, hoping that you will hurry and leave so he can get back to his patients.

It is easy to see what a big advantage that gives you.



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CHAPTER FOUR –PRESENTING

I would like to say that this chapter is EVERYTHING, but there is so much in every chapter that I cannot say that, but this chapter on **PRESENTING** is of **UTMOST** importance. It is what goes on between you and your customer, the physician, day in and day out.

As we begin to think about “presenting,” I will share with you an article that I just “happened upon” sometime in my career. I don’t even remember when, but it impressed me so much that I still have a copy of it. I will not get too deeply into the article in this chapter, although I do talk about it in detail in my coaching sessions at <https://www.lynnhavenconsultants.com>

Suffice it to say that the author was doing research with a sales company to produce a training video. In doing that research, he worked all over Europe with a lot of salespeople, and he concluded that the best salespeople were “actors”. That is to say that they memorized their “lines” well and they took on the character of a different person effectively. (That is what actors do)

Now, as a salesperson, you might initially see this idea as a negative – that you are delivering a “canned pitch” and that you are “not being yourself”. To that objection, I have two things to say, and this is vitally important. A “memorized presentation” does not sound like a “canned pitch” if you get good with it. And taking on the personality of someone else is not a bad thing if it helps you generate excitement about your product. After all, “selling is simply a transference of emotion”. (I talk more about that in my coaching sessions at <https://www.lynnhavenconsultants.com>)

There is one more thing I would like to say about a “memorized presentation”, and to help get this point across, I will refer to an experience I had going with my wife to a neurosurgeon. She had a pinched nerve in the back of her neck, and the neurosurgeon impeccably explained to us how he would do the procedure. When

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we walked out, I told my wife, if you have the surgery done, I would have this man do it. I said that because I was so impressed with how he delivered his description of the procedure.

A few years later, my wife had another problem, this time in her lower arm. We went to the same doctor, and guess what? We heard the same description. It was a “canned pitch”. Surprised? I was. And now we know that doctors give “canned pitches” to their patients. Why? Because they sound professional, and they are effective in communicating what needs to be communicated to the patients.

That is why you should be fine with a memorized presentation. It sounds professional and it effectively communicates to the doctor what needs to be communicated. You might even have the occasion, as I did, to hear one of your doctors deliver **YOUR** presentation to a patient, **WORD FOR WORD!**

Fortunately, in today’s world, many companies give you the presentation in the computer. They tell you what to say and show, and so that makes it easy for you and effective for the company. And so, the company’s message is delivered to the physicians in a somewhat “canned” way, and that is fine.

Another favorable thing about the situation that I have just described is that after the presentation is delivered, the doctor hopefully will have some interest in learning more about your product and how it compares to competitive products that he/she might be using. And that is when the selling can begin.

In the following chapters, I will continue to take you on a step-by-step journey that will teach you the selling skills you need to know that will take you from the “message” to “the close” of the call, getting a commitment from the physician to use your product, and it will be done comfortably and efficiently.

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CHAPTER FIVE– FEATURE/BENEFIT

Throughout your presentations, you will be conveying to the doctor the various features of your product. It is natural for a salesperson to assume that the doctor will automatically know what the benefit of each feature is. Do not make that mistake!

The truth is that the doctor might not be paying close enough attention to automatically insert the benefit each time. He might be thinking about the next patient he/she is going to see or even about his weekend golf game. Or he/she might not be able to clearly see what the benefit is. You don't know.

So, make sure that you, after each feature, clearly relate the benefit of that feature, Now, the benefit could be to the patient or to the doctor, or both. You must state the benefit in the clearest terms.

Examples follow:

Dr. Jones, my diuretic XYZ has a short duration of action **WHICH MEANS** that your patients can fit it into their daily schedule.

Dr. Jones, my product XYZ has few side effects, **WHICH MEANS** that you will not be getting phone calls from patients complaining about the fact that it makes them feel bad.

Learn this selling skill and practice it until it become second nature. I always had my people think after each product feature to ask themselves “**SO WHAT?**” Get in this habit. You will be glad you did!

CHAPTER SIX- OFFERING EVIDENCE

It is customary in any selling call on a physician that one expects to offer evidence (proof) of a claim. You cannot expect the doctor to accept your word, or even the word of your company, without him/her seeing an authority in the medical field supporting your claim.

That support might be referred to in your “computer presentation”, and that is a good thing, but it might be that you will need to offer additional supporting material of some kind. That support usually comes in the form of an article in a respected medical journal such as the Journal of the American Medical Association or the New England Journal of Medicine, or one of the respected medical journals out of Europe.

As an example, you might make a claim that the rate of efficacy with product XYZ is much higher than that of your competitor. That claim would need to be substantiated by someone in a position of authority. You would do that by showing an article from a respected medical journal and helping the physician to locate the appropriate section or paragraph in the paper. You should also be prepared to leave a copy of the article for their review.

I would suggest that you not wait for the doctor to request back-up evidence, but rather that you enthusiastically offer it as you put it on his desk and point out the appropriate passage. Do not “mark-up” the paper, just point to where the doctor should be looking. And something that is very important – point with a pen, not with your finger.

I learned this lesson very well and very early in my career. I still cannot say anything without a pen in my hand. You would do well to get in the same habit.

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CHAPTER SEVEN – GETTING FEEDBACK

This is really where the fun begins. You have approached the doctor in a friendly way, you have gotten him/her to think about their patients, perhaps a particular patient group, you have presented your product including some features and benefits, and you have offered some evidence backing up your claims. And now it is time to get some feedback.

And you simply ask, “How does that sound?”

Now, in all my years of experience, the answer I heard over 90% of the time was “It sounds good.” Frequently one would add “but everybody’s story sounds good.” I don’t think that’s true because a lot of salespeople, I believe, do not know how to present very well, but suffice it to say, most doctors hear a lot of “good stories”.

Once or twice, I heard something else, and I will relate this to you because this would be a good goal for you to strive for, to hear this on every call, although that will never happen. If you hear it a few times in your career, consider yourself to be very lucky – or very good at your job.

Once in a while, a doctor would say “That sounds good, but you will need to keep coming in and telling me, or I will forget.”

People, that is the essence of our job! To present your product in a way that “sounds good” means that you have helped your customer treat his/her patients better. That is why we are out there. And to hear the last part of that sentence means the doctor understands that he/she has so many things to think about that he will need to hear that information repeatedly before it becomes a part of him/her.

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Selling Big in Big Pharma

By

Jim Crutchfield

It also means that he likes you and the way you present your material, and that he/she will welcome you back into his office on a routine basis. When you have someone say that to you, feel good about what you are doing.

Now, that is all well and good, but that answer to your question “How does that sound” did not get you a lot of information to work with. It is a great question – you should use it on virtually every call – because it begins to establish a comfortable “back and forth” between you and your customer.

But the answer “It sounds good” does not reveal much about the doctor’s prescribing habits or even about the type of patients he sees. And because of that, we need to ask additional questions. And that brings us, then, to one of two of my favorite chapters, Questioning and Listening.



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CHAPTER EIGHT – QUESTIONING AND LISTENING

This chapter on Questioning and Listening (taken together as one skill) and the next chapter on Overcoming Objections are the two most important of all the selling skills. If you, as a pharmaceutical rep get really good with these two selling skills, you will set yourself apart from 95% of the other people out there.

The reason is that most companies and, in fact, most sales trainers and managers do not know these skills and, therefore, do not teach them. The fact that I am, in this book, exposing you to these skills and teaching you how to get good with them, will be worth hundreds of thousands of dollars to you over the course of your career, probably millions.

And it is easy to learn these and easy to get good with them. We have all heard the adage that “repetition is the mother of all learning” and I do believe that is true.

And so, it becomes obvious that, once you learn these skills, you need to practice, practice, and practice. Now, I am not talking about sitting in the corner by yourself and practicing. No, these skills can be used constantly in your everyday life- at the dinner table with your family, talking to your spouse or a friend, or a business associate.

The people around you will be amazed once they see you using these skills, and so learning these will help you in your personal life as well as your business life. So, after you have read this chapter and the next one, commit yourself to getting really good at Questioning and Listening, and Overcoming Objections.

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Now let's talk specifically about Questioning and Listening.

You have all heard sales trainers say that the customer needs to talk 80% of the time in a sales call. I vehemently oppose that thought. The customer/doctor wants to hear from you. They want to hear what you present and how you present. They want to evaluate you, and they want to evaluate your product and, in their mind, begin to relate your product to their practice. They want to hear from you, and they want to receive from you, pertinent information that will help them treat their patients better. That is why they let you into their office.

Having said that, I will tell you that it is important that the physician talks some, let's say about 20% of the time if we must put a number on it.

You need to hear from him for two reasons; You need to know what he thinks about what you have presented, and you need to assess his evaluation of you. So, he/she does need to talk – some.

So, how do you get him/her to talk?

By asking a good question at a good time. Notice I did not say the right question at the right time. That would be difficult, and this is not difficult. Ask a good question at a good time. It's easy!

What is a good question?

Any question that is an open-ended question, a question that asks for opinions or thoughts or feelings.

The questions that I earlier talked about in the chapter on presenting are good ones; “How does that sound?” “What is your opinion of ...?”, “How do you feel about...?”, “What has your experience been?”

All of those are good questions because they are “open-ended.” They cannot be answered “Yes or No.”

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Now, what is a good time to ask a question?

Any time after you have earned the right to ask it. In other words, after you have, as we stated before, delivered pertinent information to the doctor which will help him/her treat their patients better. After you have done that in a comfortable and professional way, the doctor will be more than happy to answer your questions.

Now, let's talk about listening. Asking a good question at a good time is great, but not worth much if you do not know how to listen to get the answer – the real answer.

I always taught my people to, after asking a good question, sit back and make eye contact and listen...and to maintain their silence for seven seconds. Studies have shown (and I have proven to myself many times over) that the customer/doctor will, after seven seconds, either change the first answer or elaborate on the first answer.

And if you can wait seven more seconds, they will change the answer again.

I would like to give you an example or two of this:

One was in a doctor call, and I was demonstrating this skill to a rep, and I asked the doctor where my product ZYZ fit into his practice. His answer was that he “always used XYZ.” (We can all identify with that, right?) But after waiting the specified time, he changed and said that in his tougher patients, he used product ABC. I waited again and he sat back down and offered that in a certain disease state, he always “of course” used Product ABC.

If you don't find this somewhat amusing, then you are probably not in the pharmaceutical business. This exchange is so typical of what we do that I know most of you can readily identify with it.

Obviously, if you will read and study the above example, you can see that by listening and maintaining my silence, two new areas opened for which I could sell – the “tougher” patients, or the “certain disease state.”

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I also found it interesting that the doctor retreated to his chair and actually sat back down, inviting, of course, more discussion.

To explore this situation further, we need to ask ourselves “What do most salespeople do?”

We all know the answer. After hearing the first response, I “always use XYZ” most salespeople are content, thank the doctor for their business, and exit or move on to another product, leaving the other business (the “tougher patients” and the “certain disease state patients”) to their competitor. I hope this is a good lesson for you to learn. The second or third answer is the right one.



Ask a good question at a good time

Listen for 7 seconds

The doctor will change his answer or elaborate on it

Only then will you hear the true answer

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CHAPTER NINE- OVERCOMING OBJECTIONS

As stated previously, this chapter is one of the two most important. Learn this well and you will separate yourself from 95% of the people out there, and it is EASY!

Offering objections is a natural thing to do in any sales situation. We all do it. I do it. It is probably a defense mechanism that is instilled in us at an early age.

I remember some time back going into Sears to search for a refrigerator. After I entered the store, the salesperson came up to me and said, “May I help you?”

Instinctively, I said, “No thanks, I’m just looking.” I don’t know why I didn’t say, “Yes, thank you. I am looking for a refrigerator.” But I didn’t. We instinctively resist being sold and so we voice an objection.

Most salespeople fear getting an objection. And the reason is they don’t know how to handle it. Nobody ever taught them. That is why they try to talk most of the time, so as not to give the customer/doctor a chance to offer an objection. How many sales have been lost because of this lack of salesmanship? A lot!

And most reps, when they get an objection, they counter it. They might even become adversarial, and so the doctor shuts down, and no progress is made toward making the sale.

We should welcome the objection. It might be a defense mechanism, but we should treat it as a buying sign. At least he/she is engaged and giving some thought to what you are presenting, and they are reasoning in their mind why they should not buy your idea.

So, I advise you to see it as a buying sign! And then set about to overcome the objection. It is easy!

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There are 3 steps:

1. Show understanding without agreement. “I understand how you feel.”
2. “A lot of people have felt that way”- That shows the customer that he is in good company voicing that objection.
3. “But what they found was...” – That shows that others, after further research, were able to reach a different conclusion.

Let’s look at an example where the doctor says:

“I’m afraid your product XYZ is too expensive.”

The salesperson should say:

“I understand how you feel”

“A lot of people have felt that way”

“But what they found was – even though XYZ costs a little more, it is well worth the extra expense, let me show you why.”

Handling an objection this way works well almost every time. There is another way – only one that I know of – but I am not even going to tell you about that one, because this one works so well.

Again, I will tell you that “Repetition is the mother of all learning.” Practice this with your customers, your family, and your friends, and make it a part of what you do every day. You will be amazed!



REPITITION IS THE MOTHER OF ALL
LEARNING

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CHAPTER TEN- DISSATISFY/SATISFY

Here is a selling skill that is so obvious, but many salespeople never think about it. As a successful pharmaceutical salesperson, you must realize the following: Doctors are **SATISFIED** with the product they are using. Otherwise, they would not be using it. And you must **DISSATISFY** that doctor with his/her current product before you **SATISFY** him with your product.

We see examples of this on television all the time. The advertisement for the compact garden hose shows a homeowner wrestling with his traditional hose to the point where you, the viewer (the potential customer or buyer) is convinced that the hose is going to, before long, kill the user either by choking him to death or tripping him so that he falls and kills himself. Then they show the compact hose compacted to the size of a football, harmless and ready to be stored (with the homeowner safe, clean, and smiling).

In the advertisement for the non-stick fry pan you see hamburgers or anything else cooked in the traditional pan sticking to the pan and making an absolute mess that would be impossible to clean, but in the new non-stick pan you can fry or even broil marshmallows and they slide right out.

These 2 examples are obviously exaggerated – they are stretching a point to make a point - as we say, but these examples do an effective job of **DISSATISFYING** the customer with his current product, then **SATISFYING** the customer with the new product.

This same skill can be used in a pharmaceutical selling call. Notice, again, I called it a skill. It is not a trick or even a technique. It is a skill- something you can practice and get good at, **LIKE HITTING A GOLF BALL.**

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When using this skill in a doctor's office, it should go something like this; "Dr. Jones, I know that you see a good number of patients in your practice who have high blood pressure (it does not matter what condition but let's use high blood pressure because it's a common problem). A lot of physicians tell me they use Product XYZ to reduce the pressure, and it certainly does a nice job reducing the pressure, but you, like some other physicians, probably get some complaints from patients that it makes them tired. They just don't feel energetic during the day."

"My Product ABC will give you the same reduction in blood pressure, but does not produce that tiredness, that lack of energy. And so, you won't be getting those bothersome complaints anymore. How does that sound?"

The physician will usually agree that it "sounds good." No product is perfect, and so it is easy to **DISSATISFY** the doctor (your customer) if you talk about those few patients that might be complaining. And another important point is this; You have complimented his/her choice of Product XYZ ("it reduces the pressure very nicely") and so you have not created an adversarial situation.

The next step is simply to close for a trial in those few patients now that he/she is **DISSATISFIED**. You do this by saying the following. "So, Dr. Jones, based on what we talked about, how would you feel about trying my Product ABC on those patients that come in complaining of being tired after taking their blood pressure medicine?"



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CHAPTER ELEVEN – TRIAL CLOSE/CLOSE

You will like this chapter because, once you have done all the previous things well, this is easy.

I have already given you a taste of closing in a previous chapter, but let's talk about it now as an additional "selling skill". From the "approach" through all the other selling skills, the conversation should have been a comfortable exchange of information with questions and answers exchanged and there should have been no pressure or intimidation.

And that is what leads you to a situation wherein you can, in a relaxed way, ask for a commitment to use your product.

Now, as I have stated earlier, a big difference between pharmaceutical sales and most other types of selling, is you are not asking the customer to spend any of their own money.

That makes this selling job **MUCH EASIER** than most, but only if you have done everything well to this point, and that is why I wrote this book- to enable you to do that. And, assuming you have done all those things well, all you have left to do is to get a commitment from the doctor to use (try) your product.

But, having said all that, I will tell you that there are several things involved in closing successfully.

First, you need to be confident in the fact that you are going to get a "yes". Be bold and let the customer see your confidence. Then use a "trial close" first by saying something like "Dr., based on what we have discussed, how would you feel about trying my Product XYZ?" (A good open-ended question). This does not call for a "yes" or "no" but rather an opinion. (How would you feel?)

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The doctor will usually say something like “it sounds good” or “I will think about it”. Consider that to be a good positive commitment. That shows that he/she is on your side now and considering what you presented to him/her in a positive way.

The next thing to do is to get a definite “yes” by saying something like; I can leave you enough samples to try Product XYZ on, maybe half a dozen patients. Would you be willing to do that? This is the only place where you want a “yes” or “no” answer.

A high percentage of the time the doctor will say “yes” and so you have a verbal commitment. Now, he/she could mean it, or they could be just trying to end the call so they can get back to treating their patients...or they could mean it, but then later forget it.

To tie them (comfortably) into their commitment it is good to say “Now, I will be back in six weeks, and I will be interested to see how my Product XYZ is working for you.”

Now, you have your verbal commitment, and the doctor knows that you are going to come back in six weeks and ask him/her how Product XYZ is working, and so he feels some accountability.

That is an acceptable close in pharmaceutical sales. Remember this job is not a sprint. It is a marathon, and you will get plenty of chances to increase your sales with every doctor in your territory IF the doctor likes you and is comfortable letting you into the office.

Before I close this chapter, let us, in fair balance, consider other possibilities. The doctor might not say “yes”. He/she might say no. What do you do then?

Well, that is okay. You cannot win them all, as we say in sports. And, as stated earlier, you will be with that doctor again in six weeks. Simply thank him/her for their attention and consideration, and courteously exit the office. What has just

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happened is that you have found out this doctor needs some additional information or evidence before he/she is going to use your Product XYZ.

Learning that is progress, so consider it a successful call.

Another thing that I will offer is this: (And most people will never think of this)

As you are getting toward the end of the call, after presenting and after questions and answers, etc. you might feel sometimes that the call is not going as well as you would like and that the doctor is not going to give you a definite commitment. And that is okay. It happens.

When that happened to me, I found a good thing to do is to not even try to close, but rather at the end of the call simply thank the doctor for letting you help him/her become familiar with your product and promise to “next time” bring some additional information or evidence. Then suggest that “we can get you more comfortable with my Product XYZ as we go along.”

This prevents you from getting into a situation where it might not be appropriate to close, and also it sets up a good chance for a comfortable relationship going forward.

One final word on closing – Most people don’t know about the “Door-Knob” close. It is an important thing to know, so here it is: After the call is over and you have left the office, maybe to talk to someone else or to leave samples, **THE DOCTOR’S SALES RESISTANCE IS DOWN**. You might stop back by his/her office and offer a “friendly” close, something like “I remembered a research paper I wanted to leave you. This might help you get comfortable with my Product XYZ.”

The point here is that everyone naturally has a resistance to being sold something, and after the “call” is over the customer lets himself/herself relax, and so some better progress can sometimes be made at that time toward either building a relationship or even getting a commitment. Try it. It works!

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CHAPTER TWELVE – EXIT/FOLLOW-UP

Not much is left to be said about the procedures in the doctor's office, but the way you exit is important also, as is your follow-up, and so I wanted to include both in a separate, but short, chapter.

After you have called on all the physicians and the other providers, and after you have left samples (assuming that is part of your job description) it is time to exit the office and move on to the next one. It is important, as you leave, to thank everyone who helped you, especially the receptionist (at least with a wave and a smile).

Also make another appointment if the receptionist will allow you to do so.

And behave in a friendly way with any patients you might encounter, holding the door open for anyone exiting, especially the elderly patients. Proceed to your car and give some thought to the calls you just made and make plans for the follow-up calls while everything is fresh on your mind.



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SUMMARY

As stated earlier, I have found it extremely satisfying and rewarding to pass on to others the skills that are written about in this book, or I could say talked about because I feel as though I have been talking to you the reader.

I learned the skills in this book from extremely unique people who were able and willing to teach these things to me. Those people are talked about in the acknowledgments section.

People whose knowledge of selling skills reaches this level of excellence are extremely rare, and even rarer are the people who know it and can teach it. I was fortunate to know and work with a couple of those people, and later I was able to transfer this knowledge to a number of wonderful people who I brought into this industry – people who went on to make hundreds of thousands- even millions – of dollars in Big Pharma.

Pharmaceutical selling is a fun and lucrative and rewarding job – if you learn to do it the right way. And if you do that, it is easy to excel, because with these skills you will be ahead of 95% of the people out there.

If you have finished reading this book, I would suggest that you read it, and study it again. And then relate this information to what you are currently doing out in the field, in your territory. After that, begin to integrate these skills into your work performance.

Thank you for buying and reading my **“one of a kind”** Ebook , **“SELLING BIG IN BIG PHARMA”**. I am hoping now that you will take the next step and purchase my **MASTER CLASS** video by the same name.

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Selling Big in Big Pharma
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You will see and hear me discuss in detail each of the skills, bonuses, and even nuances of doing the job of pharmaceutical selling **“THE RIGHT WAY”**.

By purchasing this Master Class, you will then have lifetime access to all this knowledge, and you can begin working to make it a part of what you do every day. Click the link below to purchase:

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Additionally, I offer **“coaching consults”**. If you would like additional guidance on anything in the book or the **MASTER CLASS**, email me at jim@sellingbigpharma.com with "Consulting" in the subject line.

I will look forward to traveling along with you on what will surely be a successful and fun career in pharmaceutical sales.

All the best to you.....

Jim Crutchfield

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