



Hiring the Best Occupational Health Sales Professionals

■ FRANK H. LEONE, MBA, MPH

Do you hire an experienced salesperson and train him or her in occupational health, or hire an occupational health professional and train that person in sales?

The former brings sales experience but needs to learn the “product;” the latter brings product knowledge but needs to learn fundamental sales skills.

Given this choice, my answer is the former. It is easier to train an experienced salesperson in product knowledge than vice versa. However, there are numerous exceptions. For example, an insider with product knowledge may be a natural salesperson who could easily adapt to the occupational health sales role.

Regardless of which approach you adopt, keep in mind that mediocre personnel beget mediocre results. The most important thing is to hire the right individual.

When Openings Occur

Having an open operational position may hinder efficiencies and increase burden on remaining staff, but at least the program is saving money (the salary for the open position) for this period.

However, each day a sales position remains open means no sales calls and less revenue for your clinic. Hence, you must move quickly to initiate the recruiting/interviewing/hiring process when you have an open sales position.

Often, programs minimize their outreach out of fear that the candidate pool will become too large. But the greater danger is missing out on the best candidates. The best strategy is to concurrently use multiple modalities to build an extensive candidate pool. The wider the net, the more likely you will catch the big fish.

Such modalities might include:

- *A professional recruiting firm*—Utilize one or more firms that

specialize in the recruitment of sales personnel. This provides the best chance to find a candidate who has “been there, done that.” A contingency fee and/or relocation cost may well be offset by the new hire’s ability to bring in more dollars more quickly.

- *Advertising*—Depending on the size and nature of your market, newspaper advertising may be valuable.
- *Internet recruiting*—Internet recruiting tools such as www.monster.com are increasingly viable methods for enlarging your prospect base.

Narrow the Field

The tactics described above may produce a candidate pool the size of Jupiter. Now what?

The ideal candidate would be someone who has experience in your market. Such a candidate is likely to bring clients and contacts, market knowledge, and potentially valuable competitive intelligence to your program.

Assuming this dream candidate does not surface, however, you will need an effective approach to narrow down the pool:

- Require that both *objective* and *subjective* criteria be included in a candidate’s first response. Request a letter of interest, including why the candidate is considering your position at this time, their compensation requirements, and their current responsibilities. Many candidates can be eliminated after a brief glance.
- Send remaining candidates materials describing the position and your organization. Dissemination of such information at this juncture eliminates candidates that may not be interested in the position, saves time during the interview (providing more time to get to know the applicants), and measures an applicant’s diligence.
- Ask the candidate to call your office during a specific time period to schedule a telephone interview. Many would-be candidates don’t get around to it, or fail to call during the specified time period. Rule them out now and save time later.



Frank Leone is president and CEO of RYAN Associates and executive director of the National Association of Occupational Health Professionals. Mr. Leone is the author of numerous sales and marketing texts and periodicals, and has considerable experience training medical professionals on sales and marketing techniques. E-mail him at fleone@naohp.com.

- Conduct a telephone interview. A gracious, self-confident telephone presence is important in sales and can be readily judged. Ask the candidate what questions they may have about the position after reading your materials. Minimal questions or comments are generally a negative.
- Invite final candidates for a personal interview. Send them, via e-mail, a hypothetical sales scenario and ask that they come prepared to discuss the scenario. Some candidates will be intimidated by this process and back down. Those you do interview will provide you with a tangible series of comparable skills such as preparedness, articulateness, problem-solving, and basic sales instincts.

What to Look for During the Interview

Evaluating the candidates who make it to the interview stage is just as important as the steps you've taken up to this point. Knowing *what* to look for will help illuminate *who* you are looking for:

- *The "glow"*—I often base hiring decisions more on persona than on objective qualifications. You can usually tell in a few seconds if a person has the "glow" that is vital for sales professionals. Be willing to sacrifice some technical qualifications if you can bring in such a winner.
- *A good fit for your marketplace*—I would hire a different candidate in midtown Manhattan than in Topeka. Look for the candidate who best fits your market and who would feel at home with the prototype decision-makers at local companies.
- *A sense of commitment*—Strive for minimal turnover. Scrutinize a candidate's work history. Have they moved around a lot and, if so, why? What is the likelihood they are going to stay in your city/town for a long time? Is your sales position something they really want to do or do they feel it is "just another job?"

The most useful questions are those that help you learn as much as possible about each applicant. Examples include:

- "If I asked the 10 people who know you best what your very best trait as a person, what would they say?" (Follow-up probe: "Why do you think they feel this way?")
- "If you were me and you were hiring a person for this position, what four traits would you look for in a candidate? Why?"
- "You've had the chance to review our program materials. If an employer asked you why they should use our program, what would you say?"
- "If you could use only one word to describe yourself, what would that word be?"
- "What is the most important value your parents taught you?" ■

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care patients should be advised to follow up with their PCP or back with the center in two days. This prescribed follow-up is a good insurance policy which helps to engage the patient and their PCP into the treatment plan. If the patient had followed up with either her PCP or back with the clinic, chances are good that another set of eyes would have "beamed up" to the patient's diagnosis.

Not calling selected patients back post visit: This is another means of risk mitigation. If patients are not better or are worse on the follow-up call, they should be directed to return to the center, their PCP, or the emergency department. Again, in this instance, the patient would have been referred back for additional tests and a new set of eyes.

Inappropriate information given when patient called back: Here was the final nail in the coffin. The patient called back with additional symptoms which are consistent with a PE (and other potentially serious diagnoses) and was given incorrect advice by a medical assistant who should not have been giving medical advice at all.

Disaster could have been averted and the patient's life saved at every one of the aforementioned system or personnel breakdowns.

Retrospectively, two of the staff members admitted that they felt this patient was misdiagnosed from the outset; however, when asked during their depositions why they didn't clue the physician in to the seriousness of the patient's condition, they responded that this particular physician was "very nice and kind of timid" so they did not want to step on her toes.

Marcia Bacon, commenting on the Challenger disaster, had this to say: "It is a sad fact about loyalty that it invites...single-mindedness."¹

In this instance, the final stop-gap measure was other staff in the clinic who suspected the patient may have been seriously ill, yet they did not want to appear disloyal to the neophyte physician so they elected not to sound the warning—at the cost of the patient's demise.

Medical malpractice risk is a cost of doing business. However, it is seldom one mistake that leads to a misadventure. Protecting your patients and your practice from these compounding mistakes should be the primary goal of all center owners. ■

Reference

1. Marcia Bacon. *The Moral Status of Loyalty*. Dubuque: Kendall/Hunt Publishing, 1984.