

MedicinMan™

~ FIELD FORCE EXCELLENCE ~

PHARMA | MEDICAL DEVICES | DIAGNOSTICS | SURGICALS

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Editorial

INDIAN PHARMA – CAN THE PEOPLE PIPELINE SUPPORT THE PROJECTED GROWTH?

By all indications Indian Pharma will continue to grow at a rapid pace in the next 50 years. The markets in India will continue to grow with increasing penetration of health insurance at all income levels according to McKinsey.

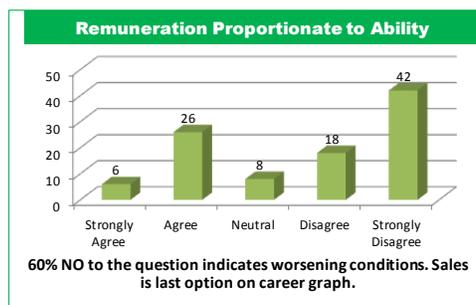
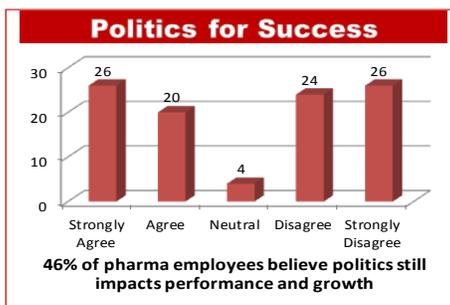
Indian govt. is also emerging as a major player in the generics drug market. The markets are growing, but it is also changing dramatically. The skills required to access the emerging pharma market are very different from the skillsets of existing field force. Hanno Wolfram throws light on the topic in his article **Sales or Key Account Management?**

The pressure of pricing and generics will make branding a difficult task for most companies; can it be remedied by repositioning Pharma Field Force as Key Account Managers who understand healthcare and offer solutions that add value to healthcare practice and patient outcomes? If the products become increasingly generic, can the people and promotion create new and novel value adds?

Social Media enables bottom-up communication - presenting both opportunities and challenges. How can Pharma leverage this important platform to engage customers, develop field force and do much more? Salil Kallianpur, Varadharajan Krishnamoorthy, Dr. Neelesh Bhandari and Sandhya Pramanik throw light on Social Media and Devices like iPad.

Poor salary levels, according to a report in **The Hindu** based on an online survey by Harneedi.com, show that most pharma employees are dissatisfied. Politics, poor pay and low job satisfaction – these are drivers of low attraction and high attrition. Pharma leadership and especially the HR leadership in Pharma have to take a hard look at these reports, which paint a contrasting and bleak picture for the future of Indian pharma field force. >>

MedicinMan invites senior industry professionals for the 1st **BREAKFAST FOR THE BRAIN (CLICK TO SEE)** – A unique platform for pharma business leaders to brainstorm. (page 7)



Source: The Hindu, August 27, 2012, "Pharma Staff Unhappy with Pay Packages"

>> Article by veterans, Dr. Ulhas Ganu and Iyer Gopalkrishna throws light on a burning issue in pharma field sales – **Sales Closing**.

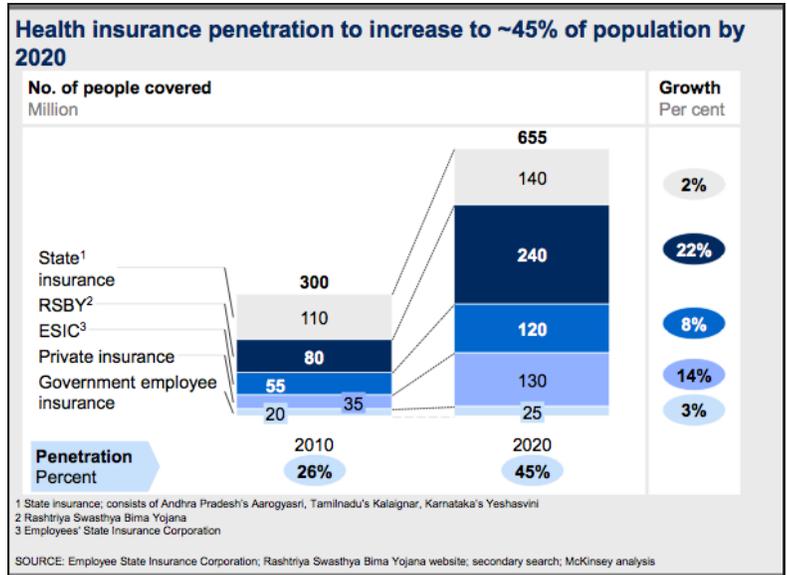
Prof. Vivek Hattangadi begins a new series on **Objection Handling for better in-clinic interaction**.

The physical and mental health of field sales professionals tend to get neglected given the challenging nature of their 24x7 work. Ms. Geetha Ghaliyavar writes on the importance of balanced diet in remaining healthy.

At **MedicinMan**, we are taking one more step to bring about Field Force Excellence – the 1st **Breakfast for the Brain** will be held on Sep 7th at the Courtyard Marriott, Mumbai for senior pharma professionals. The theme is: “Skill Certification for Field Force Leading to Assessment, Training and Placement.” (see page 7)

If doctors and other professionals who are interested in upgrading their skills regularly undergo various skill certification programs, should not pharma professionals follow? MedicinMan Academy will be rolling out certification programs for professionals in Sales, Marketing, HR, Training and other areas related to FFE.

Your inputs and participation to make these efforts effective are welcome. ■



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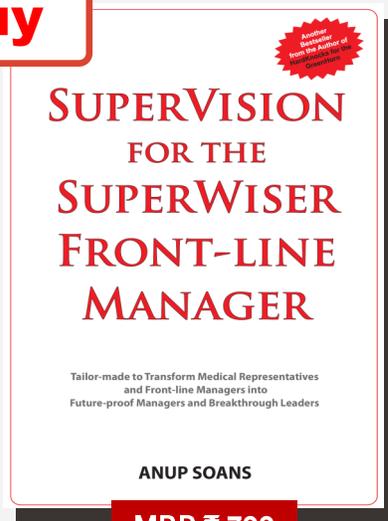
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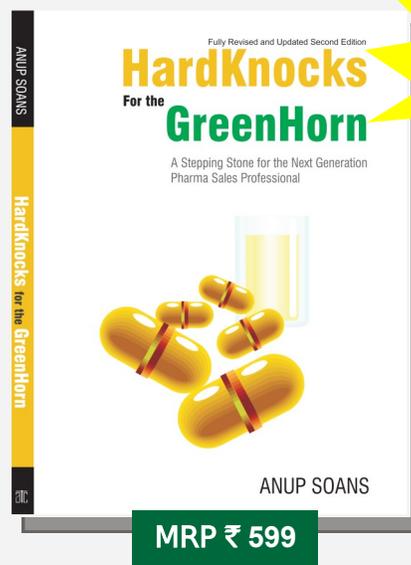
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Handling Objections with Confidence (Part 1)

Prof. Vivek Hattangadi



It is a common belief that an objection is a statement which inhibits a doctor from prescribing your brand. I have a different view on this. To me an objection from a doctor is a wonderful opportunity which comes in disguise.

Objections are buying signals – the doctor wants a compelling reason to clear the doubts he has, so that he can prescribe your brand.

Objections scare many field personnel because they are not sure they can find convincing reasons to overcome them. Your success as a professional will depend on your ability to anticipate and handle prospective prescribers' objections. No matter how well rehearsed your detailing is, at the final stage of his decision, the doctor may raise an 'objection'. How well you handle it will make or break the opportunity given to you.

While handling objections, **be positive!** Make use of positive body language – smile. Most important, do not take objections personally. Listen; in fact be an aggressive listener and become genuinely interested in what the doctor says.

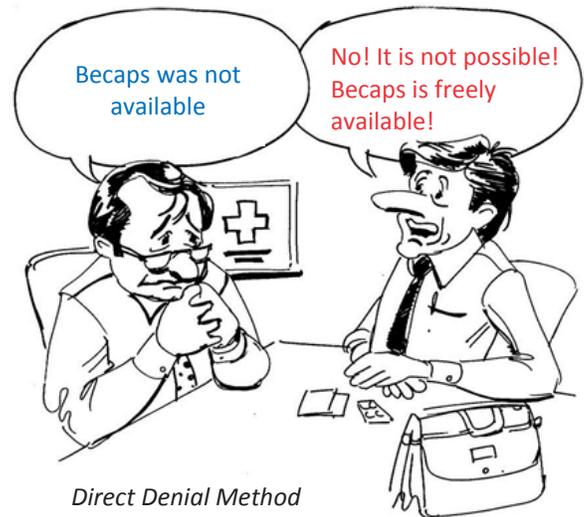
Here are six simple ways on how to handle 'objections' and truly convert them into an opportunity.

1. Direct denial
2. Indirect denial
3. Questioning
4. Compensation benefit
5. Forestalling objections
6. Boomerang

Let us discuss these methods one by one.

Direct denial method

This is a method of answering a doctor's objection by making strong statements indicating that the doctor has made an error. You straight away contradict what the doctor says. Most likely, the doctor may get irritated and may sour your relations with him.

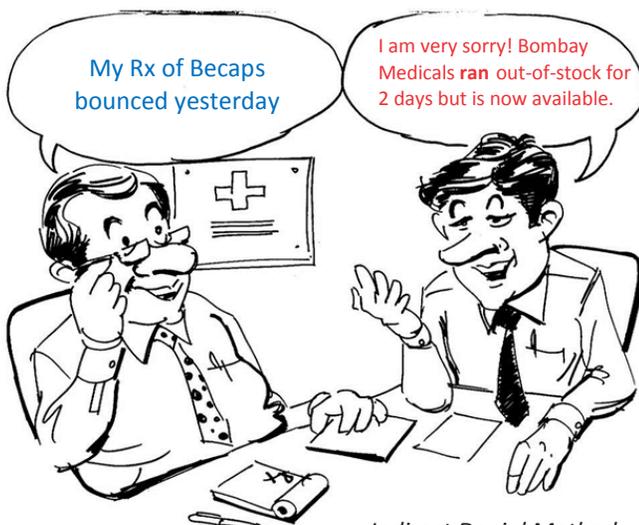


Direct Denial Method

Use of Indirect Denial method is always preferred

Indirect denial method

This is a method used to respond to a prospective prescriber's objection by first agreeing that the issue raised in the objection is very important and later on denying the validity of the objection by softening the response. For instance, the same objection that Becaps is not available can be answered in the following way. "I am very sorry that some of your patients might have been put to inconvenience. It is true that Becaps is not available with some of the smaller outlets like Ambavadi Medical Stores or Manek Baug Chemists, but Becaps is available at all the major outlets like Ahmedabad Medical Stores and Baroda Chemists. I shall try to make Becaps available even at the smaller outlets".



Indirect Denial Method



Questioning Method

Questioning method

This is a unique style of handling an objection by shooting a series of questions to the doctor one after another. The medical representative then gets an insight into the problem and develops an appropriate answer. Here is an example to the same query from the doctor about the availability of Becaps and a possible way on how it could be handled.

Doctor: “Your Becaps is not available”

Medical Representative: “I am sorry to hear about this and the inconvenience it has caused to your patients. Could you please tell me how many patients came back?”

Doctor: “Three patients came back yesterday evening”.

Medical representative: “And did any prescription of Becaps bounce back in yesterday’s afternoon or morning session?”

Doctor: “No”.

Medical representative: “One last question. Can you tell me from which retail outlet the prescriptions bounced?”

Doctor: “I think it was from Bombay Medical Stores”.

Medical representative: “I assure you that by today afternoon Becaps will be available at Bombay Medical Stores also. Thank you for the information you have given”.

Through a series of questions, the medical representative was able to trace the source of the objections and was able to satisfy the doctor’s needs. Generously use the words: “How”, “Where”, “Why”, “When” and so on.

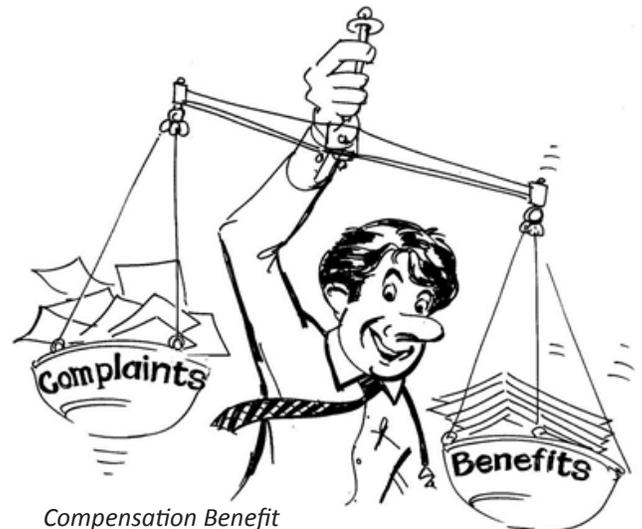
Compensation benefit

In this method the medical representative weighs the advantages and benefits of the brand against the disadvantages of the brand when the doctor raises an objection. Here is an example of a medical representative trying to sell the benefit of his brand Azithrocin (Azithromycin) for its use in typhoid fever. **Doctor:** “Your Azithrocin is very costly. Azithrocin 500 costs Rs. 30.00 per tablet whereas the cost of a good brand of ciprofloxacin is less than Rs. 10.00”.

Medical representative: “Yes doctor, I value your observation. When ciprofloxacin is prescribed in typhoid fever, I believe it is prescribed in a dose of 1 tablet twice a day for 10-12 days, isn’t it?”

Doctor: “Yes”

Medical representative: “In this condition you need to prescribe Azithrocin for just 6 days, Azithrocin 500 twice a day on Day 1 followed by Azithrocin 500 once a day for the next 5 days. This makes it very patient friendly. Because of dosage convenience the chances of the patient missing the dose is very low. You are therefore assured that when patients are on Azithrocin the relapse rate is almost eliminated. Moreover, the cure rates with Azithrocin are better than ciprofloxacin (shows scientific document). What’s more doctor, unlike quinolones which have low risk of causing joint pain, Azithrocin has no such problems. And finally doctor, the cost of therapy with Azithrocin in typhoid fever is Rs. 210.00 whereas with ciprofloxacin it is over Rs. 240.00. Now would you not prefer Azithrocin in typhoid fever?”



Compensation Benefit

The medical representative has carefully weighed the benefits of Azithrocin over its perceived disadvantage, cost – Rs. 30.00 per tablet, and has successfully handled the objection.

Forestalling the objection

Here the objection is handled even before it is raised! Tell the doctor about a possible objection *before he objects*. Then handle the objection so it cannot be brought up again. Make the objection rather weak and the handling strong. You answer the objection before the doctor brings it out. Then he is unable to voice the objection without pretending he has not heard. Let us once again take the case of Becaps!

Medical representative: “Doctor, let me first apologize for the non-availability of Becaps in some of the smaller medical stores in this area. I deeply regret the inconvenience it may have caused to some of your patients. I have now ensured its availability even with the smaller retail outlets”.



Boomerang method

When an objection is raised, the medical representative turns it around by using what he says to prove that he is not correct. Use his own arguments like a boomerang which goes around in a circle and comes back to persuade him to prescribe your brand. Here is an example.

Doctor: “Your ceftriaxone injections are very costly isn’t it? The other brand costs almost 30% less than your brand”

Medical representative: “Yes, it is expensive. I never wish this happens, but if tomorrow someone near and dear needs ceftriaxone, which brand would you prefer”?

The doctor has no other option but to say: “Your brand”. That’s a boomerang you have thrown on the doctor.



By using what the doctor says, you are saying that he is right. Use this method very tactfully or else, it may boomerang on to you.

Use today's objections to sharpen tomorrow’s presentation!

In Part II, in November 2012 issue of MedicinMan, we shall discuss more advanced ways to handle the opportunities in disguise.

Caricatures © Vivek Hattangadi



Prof. Vivek Hattangadi is a Consultant in Pharma Brand Management and Sales Training at The Enablers. He is also visiting faculty at CIPM Calcutta (Vidyasagar University) for their MBA course in Pharmaceutical Management.

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Venue

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Time

0830 - 1000 on Friday
7th September 2012

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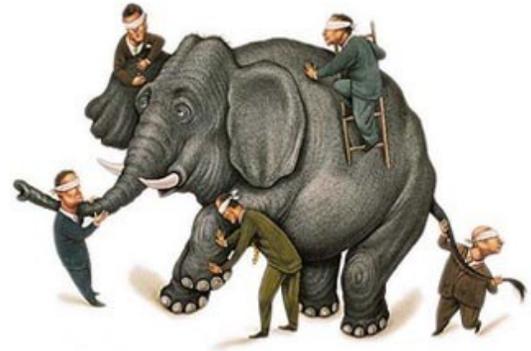
Pharma Sales Closing : A Meaningless Ritual?

Dr. Ulhas Ganu & Iyer Gopalkrishna

“Monthly sales closing” is a great ritual in the pharmaceutical business. This ritual assumes great importance to all stake holders involved;

- ◆ The Front-Line Sales Persons who are primarily concerned about their personal targets and incentives
- ◆ Sales Managers who will be judged for their managerial skills, field monitoring and strategy execution abilities
- ◆ The Brand Management Team who use it as a measuring tool to judge and fine-tune their promotional strategies
- ◆ The CFOs who base their financial jugglery on the closing figures
- ◆ The Production Planning Team who schedule their raw material, packaging and manufacturing schedules based on the monthly sales figures
- ◆ The Shareholders and Investors who need to know whether their money is making money
- ◆ Stockists and Distributors who have betted time, space and money on the products
- ◆ Bankers and Lenders who are concerned about The safety of their money
- ◆ The CEOs who are required to endorse decisions on all these fronts.

The question however that arises is, does ‘the monthly sales closing’ in pharma companies focus on these various objectives of different stake holders or has it turned into an exercise of numbers. In an open discussion in ‘Indian Pharma Connection’ – a LinkedIn forum with active participation of FLMs, Brand Managers, VPs, CEO/Owners, Industry Analysts, Academicians, Consultants etc., interesting observations were made. In a poll on “What are your observations on the general pattern of sales booking (in percentage of the month's closing sales) made by Pharma Field Force in the last week of a month” an overwhelming response and participation



brought to the fore the real picture that exists in today's pharma industry.

Without exception, everyone agreed that in most companies the ‘Sales Booking’ gathers momentum during the last two weeks and most of it is “achieved” in the last week or last day of the month, which is sometimes even extended to the first week of the next month only to ‘Achieve Numbers’. Obviously, there is *Dumping, False Sale, Support Sale, Friendly Sale, Distress Sale, Discounted Sale, Scheme Sale, Favour Sale, etc.* during this last frenetic week. This is dangerous for the companies in the long run as it is observed that due to such activities, there is goods return, loss of brand equity, loss of profitability, additional incurred logistics costs and also the frightful threat of the business degenerating into a downward vicious spiral of a price-driven, trade-controlled business.

Such practices claim casualties at all levels:

- In the field, order bookings and stock liquidation assumes greater importance than in-clinic promotions leading to brand dilution and eventual brand death.

- For marketing, there's reduced budget allocation for scientific and strategic promotions. Promotional activities are reduced to “appeasements” and “kick backs” which definitely eats into profits, does not guarantee brand loyalty, dilutes brand equity, has a negative impact on secondary sale and therefore more reliance on trade for ‘push’ and back to dumping at the end of the month

- For CFOs and Financial Controllers, it plays havoc with the working capital forcing a lot of companies to

resort to falsifying numbers to keep bankers and investors happy. Cost cutting is the next step in the downward spiral, which begins with promotions, quality and quantity of team, packaging, API etc. The result: bad performance of the people, the products and therefore the company. Such stories abound in an industry where compromising QA/QC in favor of cost cutting almost always ends disastrously.

- For the management, poor forecasting bandwidth, resource crunch, debt spiral, non-moving inventories, loss of valuation.

Why then is a 'Proper Sales Closing' important?

A proper monthly closing means doing the right things for the right reasons which we mentioned at the beginning. It will save ourselves from ourselves. It will not only restore the honour and glory of the pharma industry but also improve individual and corporate growth in the medium and long term. Sales closing should remain an *"honest self-appraisal tool"* for the company and not an exercise in financial cookery and number manipulation.

Sales closing should be an indicator of

1. active and regular field work by front-line personnel
2. managerial skills of second-line and top-line managers
3. secondary sales and product demand
4. quality of strategy and its implementation
5. comparative growth (mom / qoq / yoy)
6. brand demographics
7. trading and ROI cycles
8. forecasting metrics
9. company and industry health

Being Proactive Helps

Proactive leaders plan and execute strategies to suit their product range, decide on which products to focus early in the month and which to keep for adjustment. One has to be careful not to provide space to a competitor by delaying 'easy product' booking. Most importantly, they must ensure regular and consistent in-clinic promotional work.

A good, working feedback and intelligence mechanism will offer warning signals well before the danger strikes. Two-way communication is the key to success. As 90% of personnel in the pharma industry do not work at the H.O., there has to be a definite internal communications strategy in place, different from routine memos or scheme announcements.

Timely attention to all the customers – retailers, distributors and of course, the doctors whose prescription is an absolute must and which may take some time. 'Hard work, perseverance & patience' is the *only* valid approach to ensure long term and lasting results.

This, however, requires a strong support from the senior management, which is less likely to agree out of fear of losing immediate sale. Senior management must have long term vision, surrender their insecurity by studying successful marketing models, desist from pandering to traders, refrain from price wars, invest more in brand building and scientific promotions, design better products, invoke passion and the right ethical practices in the quest for higher profitability, and better brand equity.

Finally, "the great ritual of monthly closing" need not just be a ritual. It must be a definitive tool to gauge and monitor business activities. Careful and honest analysis with appropriate MIS metrics and fine-tuning decisions based on applying thought rather than knee-jerk emotional responses is the prescription. Even a cursory glance at successful pharma companies and brands will demonstrate that this prescription will bear fruits. █



Iyer Gopalkrishna



Dr. Ulhas Ganu

The authors are Advisors in Medico-marketing & Management (AIMM)

COACHING to boost PERFORMANCE

K.HARIRAM, Former MD, GALDERMA



Anup Soans' editorial, "Coaching for Change" triggered the desire to pen down my thoughts on *COACHING to boost PERFORMANCE*.

Conventional definition of a MANAGER was 'getting work done through people'. In the context of today's knowledge economy and new generation work force, it is better to change the definition to 'developing people through work'. This naturally necessitates a change of approach to people management – from focusing on output (results) to developing their strengths (knowledge, skills, etc). The recent MedicinMan poll also highlighted the need for FLM's role in keeping their team members engaged through work.

"The effectiveness of coaching depends upon the implicit trust and the confidence people have in the FLM's abilities and vice versa."

Coaching is very critical in this changed context. Coaching requires FLMs to direct their team members by influencing them - *not by controlling them*. This approach has double benefit - it boosts the team members' morale as well as productivity and makes them own responsibility for their work.

Coaching is bringing about evolution of one-on-one management communication skills. These skills are designed to effectively achieve both organizational goals and people development objectives in the ever challenging environment. In the context of sales, coaching is built on a foundation of product knowledge and selling skills imparted through formal training.

The simple steps of coaching are:

Tell **WHAT** to do

Show **HOW** to do

Let the person **TRY**

OBSERVE performance

PRAISE progress... or **REDIRECT**



The effectiveness of coaching depends upon the implicit trust and the confidence people have on the FLM's abilities and vice versa. He must also be an **active listener**, **keep communication open**, **give prompt feedback**, **show patience and ensure follow up**. Please remember that coaching is an ongoing commitment, and both the FLM and his team member are responsible for maintaining the momentum towards successful coaching outcome.

Why is coaching important?

- > **Builds up confidence and competence.**
- > **Promotes individual and team excellence.**
- > **Develops high commitment to common goals.**
- > **Produces valuable future leaders.**
- > **Encourages innovation and creativity of the team members**

What COACHING is not

The title 'COACH' does not entitle anyone automatically to be a coach

- ◆ It is Not a therapy
- ◆ Not giving answers
- ◆ Not fixing people
- ◆ Not a nice, goody-goody chit-chat
- ◆ Not counseling
- ◆ Definitely not controlling

This is the 2nd article in a series on "Coaching" by K. Hariram. For the 1st article see "9 Steps to Lead Your Sales Team to Win" in MedicinMan August 2012

The Power of Everyday Visioning

Mayank Saigal



What is your guiding Vision?

Your Highest Vision is the imagination of your highest dreams and deepest desires realized, as if you are already living them.

Vision is a spiritual gift that is unique to you; unique because it comes through you and you are unique. And it is available all the time - it is available now.

A true Vision inspires, compels and pulls you toward the Vision itself. And it naturally moves you toward the expansion and expression of who you really are.

“Anything is possible” in a Vision. And anything that you can imagine is possible for you.

Visions come in all sizes. You can have a Global Vision or a Life Vision. You can have a Vision for your business, health, relationships, or any other area of your life.

And you can have a Vision for a project, a talk, a presentation, performance, book, article or any other area of your work, business or creative expression.

The purpose of a Vision is to pull you forward into a fuller expression of your Greatness. Being true to who you really are, expressing that full out in the world and having the impact you are meant to have.

Everyday Visioning

Everyday Visioning is a daily practice of feeling and sensing into your Vision as you see or know it at present. The act of visioning unfolds your Vision and continuously expands it beyond what you now know it to be.

Visioning empowers and keeps your vision alive. It opens up new possibilities and inspires you with fresh ideas, next steps and actions.

Bring the energy and spirit of the Vision itself into your visioning and they continually expand. This energy and Spirit grow in resonance within you and radiate out beyond you into your world.

As this happens you experience all kinds of unexpected assistance showing up. Synchronicity and serendipity occur, helpful people show up and doors open where none had previously appeared.

Everyday Visioning Practice

I use everyday visioning to see or sense my greater Soul Purpose Vision each morning. I also have a vision for each project or presentation that I am working on and spend time in visioning each one.



I focus on one project in the morning and one after lunch, and spend ten minutes in visioning each one before I begin to work on it.

Here are four key elements in everyday visioning:

1. The spirit and energy of the Vision.
2. Who you desire to be.
3. The project itself and
4. The people you are serving and its impact on them.

Visioning puts you in the way of flow. You need far less effort than you otherwise would. The most important focus and actions for the upcoming work session are often revealed. And you will generally get more done in the same amount of time with more energy remaining.

Make visioning an everyday practice. This practice over time exponentially builds on itself increasingly empowering and energizing both you and your vision. You will find yourself becoming one with your vision, and see magic happening.

Step Into Your Greatness! Make visioning an every day practice!

What is your guiding Vision? The purpose of a Vision is to pull you forward into a fuller expression of your Greatness. It opens up new possibilities and inspires you with fresh ideas, next steps and actions. Develop your own every day visioning practice using the steps outlined here. █

Mayank Saigal is an L&D Professional associated with an MNC in Mumbai. Contact: mayanksaigal@gmail.com



Digital Dose



For Natives and Immigrants

Social Media is important not only because the generation of people emerging from schools and colleges are digital natives, but also it is easier to teach adults how to operate a mobile phone than it is to teach them literacy. The sale of digital devices and the rise in number of people logging on to various SM platforms are mind-boggling. People buying these devices and having access to various social media have all one thing in common – they are all patients or relatives of patients at some point of time. It is an ideal opportunity for pharma companies to become healthcare companies. With a focused and clear digital strategy, pharma companies entering the social media space now will emerge with competitive advantage in the years to come. Today's texting pediatric population is tomorrow's healthcare consumer in a wide range of therapy areas from allergy to urology.

There is not yet a definitive Kotler on Digital Strategy; in the meantime MedicinMan will come out with a **Digital Dose for Pharma** beginning this month. The articles by **Salil Kallianpur**, **Varadharajan Krishnamoorthy** and **Dr. Neelesh Bhandari** make compelling and interesting reading. From the field we have **Sandhya Pramanik** sharing her thoughts on the utility of iPads in making MRs more productive.

Social Media is above all an opportunity to listen to voices, understand changing trends and expectations and remain relevant in a changing marketplace. Every media has its rise and plateau. Right now it is time to plunge in, listen, observe, participate and move up the steep learning curve.

There's lot to be learnt by sharing and discussing and we welcome your thoughts on this important emerging media, which has taken the world by storm – rocking governments and triggering mass migrations. How can we use this new force for improving patient outcomes and bringing about field force excellence, leading to higher productivity for pharma businesses?

Thanks to **Dinesh Chindarkar (@dinchin1)** of MediaMedic for this new initiative in MedicinMan.



SEALED DOORS & BOMB SHELTERS

WHY PHARMA CONTINUES TO IGNORE SOCIAL MEDIA AND WHY A CHANGE IN MINDSET IS CRUCIAL



Salil Kallianpur

When discussing why the pharmaceutical industry does not use social media, Andrew Spong (@andrewspong), one of the best known names on the health care social media circuit once tweeted,

“Without the change in mindset, for pharma SM can be akin to trying to hold a conversation through the sealed doors of a blast shelter”

This clever sentence captures the somber mood of social media evangelists who have often bashed the industry for not adapting to the new world of communication that social media has opened up. Mr. Spong implies here that by not adapting to the changes that are exploding in the new world, the pharmaceutical industry has locked itself into a bomb shelter to protect itself. And it is trying to communicate through the sealed doors of that bomb shelter with its stakeholders. In short, trying to communicate without using social media tools is as ineffective as trying to talk to someone through the sealed doors of a bomb shelter.

Why then is the pharmaceutical industry not attracted to this promising new world? Are pharmaceutical marketers stupid? Are they risk averse? Are they so ‘unplugged’ from the world that they do not understand paradigm shifts in their sectors? That probably explains it. Unlike in most industries, social media has hardly changed any paradigms in the pharmaceutical industry.

But, the question still has me flummoxed. We (pharma people) operate in an industry that’s all about information and knowledge. We position ourselves as information providers to all the health care professionals, be they doctors, nurses, pharmacists or in some cases, even to patients and their families. If that’s what we really do, then why would we not naturally adapt to new and exciting media that allow us to engage with all these people more closely? Let us examine a few facts.

Corporate brands

2006 was the turning point in social media for most businesses. Pharmaceutical companies (mostly outside India) at this point began to slowly join the social media milieu, but in limited capacity. This is because Twitter accounts and Facebook pages were often **for the corporate brand, not the individual drug brands or care areas**, and Facebook page comments were disabled almost across the board.

Concerns about AER (Adverse Event Reporting)

This limitation of conversation on social media is logical given the **concerns about AER** (Adverse Event Reporting) requirements and the lack of relevant FDA guidelines. But its not like the industry gave up totally on social media. It tried, but minimally, with measured and unsure steps, as if walking on thin ice. And, minimal effort led to minimal results.

Uni-directional engagement

Pfizer (@pfizer_news) the largest pharmaceutical company in the world, attracted about 30,600 followers on Twitter (as of Aug 1st, 2012). Fantastic? Not really. Coca Cola (@CocaCola) has 586,000 followers and Nike (@Nike) has 561,000. Pfizer's followers were largely made up of the Health 2.0 community rather than patients. Fewer people engage with Pfizer because of a strict regulatory environment that holds the industry back from being able to provide real value to the patient. Therefore, only being able to leverage social media **as a traditional one directional media channel**, very much like the traditional detailing to the physician, no significant relationship between brand and patient can be formed.

Real time communication and engagement

The nature of current social media approaches and tools demands real-time interactive response and dialogue. The pharmaceutical industry does not and cannot communicate that way.

“The nature of current social media approaches and tools demands real-time interactive response and dialogue. The pharmaceutical industry does not and cannot communicate that way.”

Facebook demands interactivity and informal two-way communication. Companies evolve convoluted versions of it just to be present, killing the fun and the interactivity that makes Facebook so enjoyable.

1. Twitter demands 140 characters to communicate. Pharmaceutical communications (prescription brands) demand fair balance, context, long explanation, disclaimers, and all kinds of fine-print.
2. LinkedIn is all about the individual professional. It's a great platform for recruiting, even in the pharmaceutical industry. The problem on LinkedIn is that interactivity is almost nil. Pharmaceutical companies hardly create meaningful interactions and networking on this medium.
3. YouTube is one place where pharmaceutical companies can participate on a social platform, as long as it is one-way broadcasting and storytelling. That is only media. Not social.

Social media is about on-demand mobile communications (user generated content, location data, commerce etc.) **that is real-time and fragmented**. The pharmaceutical industry is all about centralized, one-way, controlled communications.

Discontinuous engagement

As a result of these challenges, patients quickly realized that pharmaceutical social media channels do not

offer any venue for real communication (and are, in fact, anti-social media) and began to choose other social venues to discuss their medication and conditions. This then created opportunities for other interested parties to establish engaging social destinations for patients that focus on specific brands and conditions. As a result, pharmaceutical companies have slowly but surely been losing control over the discussions regarding their brands and allowing other parties to **"hijack" the mindshare of their clients.**

Uncontrollable online activism

The industry is unsure of how to handle customer problems via social media. Last year, a pharmaceutical company planned to launch a medicine in the US in a newly approved indication for \$1,500 per dose. Unfortunately that medicine had a generic version for just \$10-\$20. Activists led a social media campaign in protest. Despite quickly lowering the cost of the drug to around \$20 or less per dose, the damage was done. The online campaign created **a widespread backlash and ultimately damaged the company's image.** This sort of social media crisis is a clear demonstration of what can happen if such a volatile medium is not handled properly with expertise.

Unclear regulatory framework

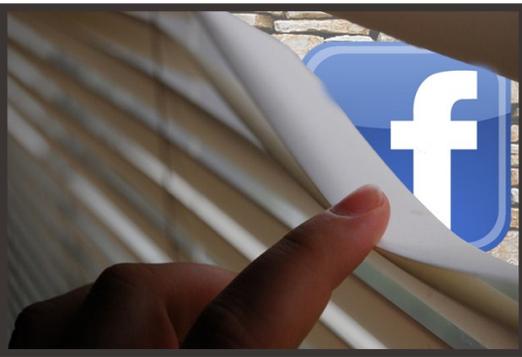
Even as pharmaceutical companies have increasingly struggled with their online presence, the **US-FDA has repeatedly failed to deliver promised guidance**, even while issuing warning letters for egregious web sites. Meanwhile, Facebook recently decided that it will no longer allow drugmakers to disable comments posted on newly created pages, prompting some to consider walking away from the site. Despite the fact that there are minimal regulations currently in place for social media, the industry is struggling with the medium. Can it afford to leave its social media initiatives in the hands of others much like its R&D and manufacturing processes? Perhaps, the answer to the

"Perhaps, the answer to the industry's social media problem lies in the creation of private and branded communities with the ability for Facebook integration."

industry's social media problem lies in the creation of private and branded communities with the ability for Facebook integration. In private communities, control can be established through various modes including strong moderation policies or by further controlling the discussions using innovative approaches. Within private networks, pharmaceutical companies have the ability to create guided experiences, increase patient engagement, adherence and education, listen to patient comments while simultaneously promoting their brand. Yet, with all these limitations, the pharmaceutical industry will, in the truest sense of the word, betray the essence of social media. The intersection of the pharmaceutical industry with social media presents a major cultural collision – the type when a regulated, top-down, one-way, controlled communication corporate culture meets the free-wheeling, bottom-up, conversational, unpredictably evolving world of digital networks. Even as digital network communications are rapidly becoming "the new normal", the pharmaceutical industry with its old economy mindset driven by environmental challenges continues to shout itself hoarse through the sealed doors of bomb shelters.█



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SOCIAL MEDIA SCARE

Why pharma marketers are apprehensive to use social media

Varadharajan Krishnamoorthy

Other industries have to learn to realize the importance of harnessing the ideas and conversations with their customers. Pharma lives it everyday. They talk to their doctor-customers everyday through their team of reps and managers. So conversations are nothing new to Pharma unlike other verticals. But still there is so much reluctance in adoption of Social Media tools. Most of the Pharma executives today are [Digital Immigrants](#) (Digital Immigrants also understand digital world like digital natives—they just don't use the tools natively) and hence struggle to understand what social media is all about.

Social Media is a generic term for tools designed to aid online social interactions. From my interactions with Pharma professionals, I can list out the following as the reasons for reluctance to use social media.

1. Lack of Social Media Knowledge. Pharma executives are digital immigrants. They need to understand what social media is all about. They need to be educated on social media and adoption of social media tools, preferably from a person who has worked with pharma.

2. Social Media is thought about as nothing but hype. Because they are digital immigrants, they think it is pure hype. They think doctors do not have time for online activities and hence going online is not a right way to have interactions. But recent reports suggest that already there are quite a large number of doctors using online tools and the number is increasing by the day and the numbers are growing fast.

3. Lack of understanding Social Media and its applications. They think that Social Media is only for communication with customers. Social Media also makes it easy

to collaborate with team members, partners and clients in a more productive way.

4. Learning Social Media with wrong examples. Pharma gets to hear about Social Media and social media case studies from Social Media gurus (without pharma domain knowledge) and from other people who are successful with social media. But they fail to understand that there is a huge difference. Other verticals are new to two-way conversations. But Pharma is a pioneer in two-way conversations with their doctor clients. Hence it should be easier for Pharma to use Social Media. They should talk to people who know both Pharma and Social Media.

5. Wrong evangelism and hidden agenda. Pharma hears about Social Media from consultants as if it creates overnight success. If you look deeper you will find it is not the case anywhere. While other verticals have difficulty in understanding the time-cycle, Pharma knows it's a long dedicated process to establish brands and their sales. Hence when they hear the glamour part of success, they become skeptical. Traditionalists leverage this and instill a fear of bad reputation to retain their existing ways and businesses.

Why I think Pharma is a right vertical to use SM

1. Two-way Conversations: Pharma's Strength. While other verticals and businesses are trying to understand the impact of two-way conversations and the benefits that it brings, pharma already has a culture of two-way conversations and have mastered the art of conversations with their doctor-clients. Hence this new culture being talked about is a serious impediment for others while the biggest strength for Pharma. While other verticals implement

collaboration through social media tools to learn the new culture internally in their organizations, pharma already does it to perfection even off-line. They just have to map the right tools and get going. They don't need special cultural training, just the adoption of right set of tools.

2. Easier Identification of customer networks. Pharma has a clear-cut understanding of their customers' nature and also the kind of networks they are likely to use. Unlike other brands and verticals, identification of where customers flock to is relatively an easier exercise. Hence, for the significant audience that pharma will cater to, the human resources that they need to commit are smaller and manageable.

3. Going Public with Conversations. One of the genuine concerns of going public with conversations applies more to pharma than other verticals. While other businesses are afraid because of fear of saying wrong things and learning it as a new skill, pharma's fear in this area are more regulatory in nature rather than lack of skill. But I feel pharma can easily adapt. I see a lot of activities that they do traditionally off-line can enhance the end results while doing it online. You can consider for example, patient education through HCPs. So pharma can pick and choose nature of activities to do online and slowly experiment other new activities and learn.

4. Conversion of disgruntled customers into an opportunity. Amplification of negative messages by disgruntled customers is the issue for others. They are yet to learn to convert it into an opportunity. While pharma has learnt to convert into an opportunity, pharma has not yet started being present in networks where they can be reached. So pharma should look at it positively as they have always been willing to reach out to disgruntled customers to convert it to business.

5. Examples. Even for other traditional businesses, I give the example of how worldwide such a regulated industry like Pharma uses social media.

There is widespread adoption of Social Media in the Biotech and Pharma sector. In fact, the FDA even held a Public Hearing on the Promotion of FDA-Regulated Medical Products [using the Internet and Social Media Tools](#).

For example, there has been an explosion of Twitter users from the pharma industry. While the FDA guidelines will be welcomed by the industry and will be used to streamline Social Media usage, pharma and biotech companies have already embraced Social Media in a big way.

Pharma companies are using online communities of patient groups for research. Some companies use corporate blogs to communicate directly to patients and customers. Others have set up community platforms to communicate and share within user-groups. Video based social networks like YouTube are already tapped by pharma companies regularly to reach out to customers. Similarly, physicians have also embraced social media to connect with patients. Patients are tapping into Social Media to find relevant information and, also, to form help groups based on their needs.

I have written this from the Social Media perspective. One can easily list out many more points on why pharma is the right candidate for social media from pharma perspective also. Whichever way you look at it, pharma companies can gain from social media tools and the right time to start learning is now.

What do you think? Feel free to comment. You can reach me at www.varadh.com or @varadhkrish.

Varadh, a well-known marketing strategist with special focus on using social media strategy, helps businesses of all sizes with fine-tuned social media consultancy. Varadh has been an independent consultant for the last 7 years. Before that, Varadh has been in domestic and international Pharma Marketing and Business Development for more than 15 years including his stint with MNCs and Indian companies with specialization in the India-Latin America corridor.



OPPORTUNITIES AND CHALLENGES OF HEALTHCARE SOCIAL MEDIA

Dr. Neelesh Bhandari

Social media includes all online tools and technologies which let people communicate and publish content easily. The most popular among them are Blogs, Facebook, Twitter and YouTube. Widely used for communications and marketing, these channels are considered as important (if not more important) as mainstream media channels like newspapers and television. The use of social media in healthcare represents an increasingly effective tool in healthcare. It can be used to communicate with consumers, inform about new wellness schemes, market healthcare products, provide basic healthcare advice, inform about latest medical devices, get instant public feedback and much more. At the same time, Healthcare social media also presents challenges, including risks to information accuracy, organizational reputation, and individual privacy.



The primary focus for most organizations' social media programs is marketing and communications. Hospitals are using social media to target health consumers. As consumers are shifting to online searches before making important healthcare decisions, hospitals are looking at creating solid social media presence and fostering long term relationships with their consumers. Internationally, Mayo Clinic has taken the lead in healthcare social media. Mayo Clinic's Center for Social Media has a stated mission to "lead the social media revolution in healthcare, contributing to health and well being for people everywhere." Indian hospitals are not far behind. The Apollo Hospitals' twitter account has more than 2000 followers. Their Facebook page makes wonderful use of the timeline feature, has 91,000 likes and is fast growing. Their YouTube channel has been active for the past 4 years.

Use of Social Media in Pharma

R & D/ Product Development

Procurement/ Production

Marketing/ PR

Sales

Service

Companywide Collaboration and knowledge sharing among colleagues

Open Innovation

Collaborative product design with consumers and KOLs

collaboration with suppliers

Understanding consumer and physician sentiments

Monitoring and responding to customer concerns

Recruiting for clinical trials

Engage online opinion leaders for brand promotion

Continuing Medical education

Support Functions: HR, IT and Training

Active cultivation of talent online, productivity savings from shared platform

Adapted from McKinsey Report 'Healthcare and Social Media: A Winning Formula' created by Digital MedCom Solutions



Many organizations have also formed online support groups for patients. Patients are encouraged to share their personal experiences and this consumer generated content is an invaluable source of information for other patients.

Many doctors, too, have joined such support forums and provide information on various disorders. In a country like India where 70% of healthcare services are paid for 'out-of-pocket', Social Media becomes all the more important for healthcare marketing. Companies selling healthcare devices have found social media influences purchasing decisions. Internationally, many pharma companies too have realized the enormous potential of social media. Almost all major drug companies now have social media presence. Companies like Pfizer, Novartis, J & J and Sanofi-Aventis have launched many innovative social media campaigns. The HR departments in many healthcare organizations are using social media sites to spot and recruit talent.

These new tools of communications come with their own risks and dangers. Like a double edged sword, all points in favor of social media usage also contribute to the dangers associated with their use. The dangers social media exposes healthcare to are internal as well as external. Flippant remarks made by nurses or doctors online can be misconstrued by general public. Cases abound where protected health information was shared online inadvertently. The danger of violations of patient privacy cannot be overstated.

Conversations cannot be controlled and negative remarks made on social media by disgruntled employees or consumers cannot be erased. Such risks can be minimized by fostering positive comments by con-

sumers and show casing achievements and consumer centeredness via these communication channels.

Organizations need to gear up to grab the opportunity and face the challenge that is social media. They need to monitor their 'social presence' and keep track of consumer sentiments. Use of social media for innovative marketing and communication campaigns should be encouraged. Organizations should educate both their employees and the public on their privacy practices to encourage responsible use of their social media sites. Guidelines and specific social media policies need to be in place to promote risk free use of social media by employees. Once policy is established, employees, volunteers, contracted employees, and medical staff members should receive training and education to ensure they are aware of the policies and procedures. With proper policy and training for employees, healthcare is slowly but surely taming the social media beast that technology has helped unleash on the markets. █

Also See:

Pharma and Healthcare Social Media Wiki:

<http://bit.ly/hcsmwiki>

Online Database of Healthcare Social Media Policies:

<http://bit.ly/hcsmpolicy>

Privacy Policies for Social Media:

<http://journal.ahima.org/2010/01/06/social-media-policies/>



Dr. Neelesh Bhandari is CEO at Digital MedCom Solutions and is India's leading physician healthcare social media evangelist. He is author of the popular blog '[Digital Medicine](#)'.

Follow on twitter: [@edrneelesh](#)



Sell, Sell, Sell or Deliver Value?

Hanno Wolfram

What comes after the age of blockbusters, robot reps, selling drugs, and the dying-out share of voice model?

Some headquarters of big pharma, inspired by market research companies believe that they will be able to replace revenue and profit lost in the US and Europe with high growth rates in the BRICS countries. The term emerging markets appears to be used synonym for continuing as though nothing had changed.

The temptation to extrapolate the current health care expenditure doubling its value in a few years is high. A special misjudgment evidently is to believe that governments, payors and other players will direct the flow of additional fiscal resources to land in the purses of drug companies¹.

Anyone can easily understand that the driver to improve health care spending is improving health care for the population rather than feeding big pharma. The motive behind improving health care lies in fighting urbanization and trying to ensure that people will remain being nourished on domestically grown products. Needing to import rice, corn or meat endangers a lot more than only the country's financial wellbeing.

Pharma will have to deliver more than drugs

As Dr. Surinder Kumar Sharma indicated in MedicinMan, August 2012, there are first attempts visible that pharma wants to deliver more than only drugs.

Typical topics like inappropriate healthcare infrastructure, missing disease awareness, difficult affordability, and restricted accessibility enriched with very poor therapy adherence are evident in many more countries than only BRICS.

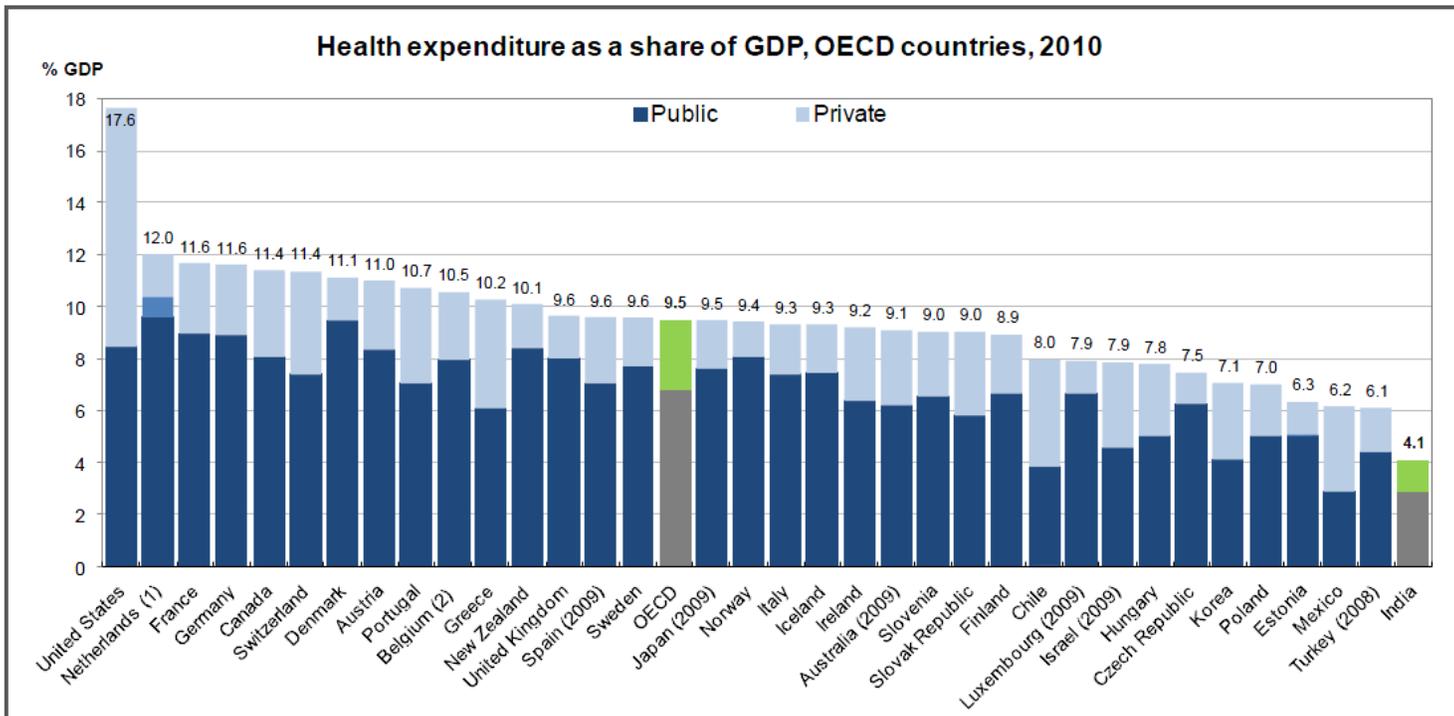
The solution of many problems will lie in a different pharma business model. There is a difference between sales- and business-model. Introducing a specialist field force is an amelioration of the sales-model.

KAM is a concept delivering value

Introducing Key Account Management equals a change in the business-model. If this change is small or establishing a quantum leap may vary and depends on the courage of the CEO. What it is at the end will solely depend on the judgment of clients, payors and many others.

In any case the introduction of KAM is not a new sales model or technique, but an organizational change².

The easiest way to understand the degree of necessary



1. OECD Health Data 2012, How does India compare with OECD countries 2. Lynette Ryals, Harvard Business Review: <http://bit.ly/Q15aqX>

change lies in the definition of the acronym and the comparison with the existing.

KAM consists of 3 letters standing for Key, Account and Management. Starting with the question what an account is, will already deliver an idea of the degree of change envisioned.

Many other industries have left the rep and selling pathway decades ago. Many customers, including us, do no longer buy products, but we seek solutions. In the optimum case a company offers us a solution for a so far unknown, yet anticipated problem or need. Apple® might serve as a great example.

Pharma companies usually carry enormous skills, competencies and knowledge. Sharing these with stakeholders will make the future of both parties. The skills, competencies and know-how will have to be identified, located in the company and then put together in an attempt to create unique and irresistible, price-worthy offerings. A product will definitely be part of the offering. Yet the combination only will deliver the huge value reaching far beyond a simple drug. The clustering

and differentiation between innovative or “generic” might easily lose relevance.

The obstacle

Pharma has everything in their hands: bright, motivated and willing people, still ample money and many other resources necessary to go for the future. What it needs is entrepreneurial courage and the will to think ahead.

The major obstacle to be surmounted is the comfort zone, established in the last and very comfortable decades. No need for change, some minor “restructurings”. No change to business model. The ability and readiness to change, not follow but shape the rules of the market, will be the key to Key Account Management, the business model of the future.

Key account management is about forming a lasting and bilaterally fruitful and beneficial alliance between a health-care company and stakeholders providing health-care.



Hanno Wolfram is Managing Director at Innov8 GmbH. Visit www.innov8.de

Today – The World of a Rep	The Future Spells KAM
A client or customer decides by him- or herself.	When a number of people with different functions, needs, requirements, roles and responsibilities contribute to the decision if a drug is registered, reimbursed, provided, purchased, recommended, prescribed or applied you call this an account .
Targeting & segmentation deliver indicators on the importance of a prescriber	Key is an account which delivers more than a double digit percentage of revenue or stands for Yes or No decisions in a drugs life. The number of Key Accounts usually is very small.
The vast majority of time is spent trying to achieve “prescription preference”	25% or less of the time is spent with the members of a decision making unit inside an account. The management accomplishment lies in the ability to form an internal, cross functional team of people and make them contribute meeting the needs of their respective counterparts in the account: Medicine meets medicine Legal meets legal Warehouse meets logistics Finance meets accounting Pharmacist meets pharmacist
The message to be conveyed is designed in marketing	Needs and requirements of the account and each singular contact must be identified, problems described, future assistance debated, calculated and an irresistible offering will be designed, developed and delivered

Hot on LinkedIn

Q. The iPad - Can it be More than a Communication Tool?

Via *Pharma Trainers Forum*. See: <http://lnkd.in/5zHt-h>



Sandhya Pramanik

I feel, when the objective today, is to enhance the quality of the information shared by the FF with the doctor, then surely I feel the ipad is much more than just a tool of communication. There are two things which will happen simultaneously, ie., connecting with the information and connecting with the customer. Carrying the latest information in the palm is the need of the hour because that's what, in a way, the doctor's need translates to and its only something which the doctor doesn't know which generates interest in the doctor's mind, and capturing that initial interest will make way for the rep to address the need, interact and then close the calls successfully.

Not only that, the call can be definitely extended beyond the call..a live call can continue in its virtual form until it is closed!

Reporting on the move is another important activity which the reps can do and finish tasks well in time, and the ipad also solves the challenges faced while reporting on phones, the ergonomically comfortable screen size and the touch benefit is very convenient too.

The doctor's queries can be shared with the

medical department instantly and a quick chat can address it in seconds.

Feedback with the marketing can be shared at amazing speed and necessary actions can be taken appropriately. While in between call waiting the reps can brush up their own knowledge, go through the information, polish their skills, connect with the last call and fine tune the current plan, interact with their line managers, participate in the online forums, seek ideas, connect with colleagues and share the necessary topics.

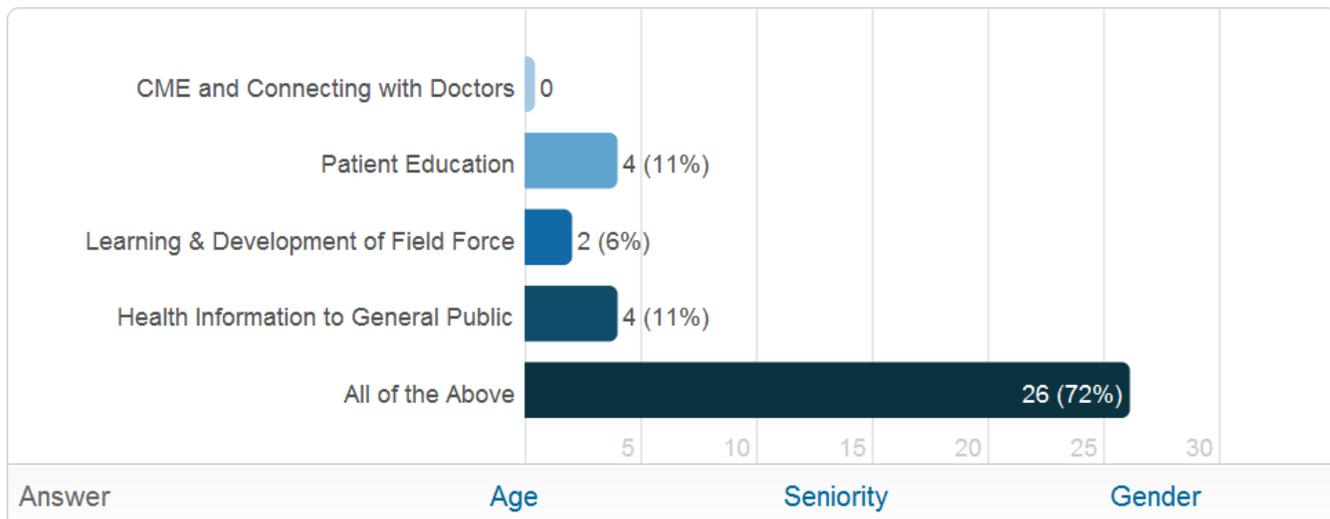
Ofcourse, all the above is possible only when the Field force is necessarily trained on the same and also the entire Training concept needs to be revamped, which will/need to make them tech savvy. And, in the days to come it will happen, it has to Sir. I am sure the legal limitations which are being apprehended will also be addressed appropriately, because, it is the way to go.

After writing all this, I can visualize the rep as a SPIDERMAN, at the centre of the web in the real sense who remains connected to the spread of people and information and using it wisely and appropriately. █

LinkedIn Poll

Pharma Can Use Social & Digital Media for:

By Anup Soans Editor at MedicinMan • 36 votes • 8 comments • 4 days left



NUTRITION FOR THE EXECUTIVE ON THE MOVE.

Geetha G H

Urban living and its various dimensions influence health immensely. Modernization has made us oblivious to what Hippocrates said in 400 BC – “Let food be thy medicine and medicine be thy food”. Today we stand at a cross road, where medicines and supplements are the easy choice against healthy eating! Constant demands of the work life and stress have left little room to focus on nourishing the body, which is the basic foundation to being healthy. With erratic schedule and being constantly on the move, there is little time to eat and when one does, seldom is it nourishing!

There is an increasing prevalence of high Blood Pressure, Cholesterol, Blood Glucose due to lack of physical activity, socio-economic development, lifestyle changes leading to Overweight/Obesity. The four leading chronic diseases in India, chronic obstructive pulmonary disease (COPD), cardiovascular diseases (CVDs), diabetes and cancer, account for 53% and 44% of all deaths and disability-adjusted life years (DALYs) respectively. Indians seem to have a genetic predisposition towards diabetes. The International Diabetes Federation estimates that there are about 32.7 million diabetics in the country. According to recent estimates, cases of CVD may increase from about 2.9 crore in 2000 to as many as 6.4 crore in 2015, and the number of deaths from CVD will also more than double. Early intervention with healthy eating habits and lifestyle management can thwart and delay these debilitating diseases.



One needs to be aware the BMI (Body Mass Index) and waist circumference have been revised by ICMR. Based on the recent data and provisional recommendations of WHO, BMI should be maintained between 19-23 kg/m². The waist circumference should be maintained below 90 cm for men and 80 cm for women.

Eating right throughout the day is very crucial to boost energy and productivity. For executives, it is important to plan ahead and be organized to shelve pantry with wholesome foods and fresh produce.

Eat your breakfast:

A nutritious breakfast, apart from boosting overall attitude and concentration, also enhances cognitive ability and physical performance. Research has proven that children and adults who ate breakfast had lower levels of weight gain and lower BMI (Body Mass Index). In addition, studies show those who eat breakfast typically consume fewer calories and fat compared to those who do not start their day off with a healthy meal.

Curb the coffee / tea intake:

It is a common practice to sip on several cups of coffee, tea throughout the day. It is temporarily refreshing, but the flipside is these sugar laden beverages are loaded with calories. Caffeine is dehydrating and also reduces appetite. Too much tea, especially when taken with food will zap all the iron from your food leaving you anemic. Choose flavoured buttermilk and tender coconut water or green tea for its health benefits.

Mindful snacking:

Choose fresh seasonal fruits when hunger strikes at noon and evening. Nuts are a great option especially when you watch the portions. Small evening tiffin is welcome and will definitely alleviate a heavy dinner.

Eating out:

For a busy executive lunch is always on the go. The tempting junk food and easy access to fast food, especially being reasonably priced, has a heavy toll on one's body. Eating in restaurants everyday will affect your health and waistline. If you aren't paying attention to quantity, trouble is definitely heading your way. The trick lies in reducing portions and not removing the food from the diet! Feed yourself with nutrient rich foods - whole grains, good protein - pulses / slim curd, and plenty of fruits and veggies. Roti/ brown rice, dal sabzi or salad is not only balanced but light to

keep you more active and alert. Restrict dinner to mostly home food, emphasizing the early timing and simplicity.

The key to healthy eating is the time-tested advice of balance, variety, moderation and timing of the meal. Avoid feasting and fasting. A good night's sleep rejuvenates the mind and body. The grandma's simple remedy of a glass of warm skim milk still works wonders due to its tryptophan's content (precursor to sleep inducing hormone serotonin). Remember to indulge in plenty of plain water to flush your toxins away. Never fail to get moving atleast an hour daily, as inactivity is a major health issue.

For the executive, maintaining the much-needed balance between career, family, and health can often be a challenge. Time management is the key solution to all problems. Learning to be meticulous to incorporate good nutrition practices and exercise can propel your efficiency and performance during the work day. Good eating habits will only leave you in the pink of health!



Geetha G H, is a registered dietician, certified diabetes educator and exercise & sports nutritionist. She is a university first rank holder and has several gold medals to her credit at both under graduate and post graduate levels.

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