



BEHAVIORAL STYLE

JOB AID

Recognize HCP Behavioral Style

Analyzer

Voice: Quiet, low-volume, little inflection, formal

Pace: Slow, deliberate, tentative, with pauses

Approach: Indirect, analytical, deep evidence, talks facts and figures

Face and eyes: Serious, indirect eye contact, looks up when thinking

Gestures: Few, purposeful, close to body

Body: Reserved, little movement, leans back and keeps distance from others, doesn't reveal feelings/opinions

Attire: Formal, conservative, darker colors

Voice: Warm, friendly, conversational

Pace: Relaxed, informal, waits for others

Approach: Indirect, social, guarded, informal

Face and eyes: Amiable, show feeling, intermittent eye contact

Gestures: Informal, inclusive, rounded, low, listens responsively with empathy

Body: Leans back, relaxed, gets close to friends, but keeps distance with others

Attire: Casual, comfortable, muted colors

Relater

Director

Voice: Confident, directive, purposeful inflection

Pace: Moderately fast, deliberate, fluent

Approach: Direct, demanding, results-focused

Face and eyes: Tasky, constant eye contact, intense and formal face with limited expression

Gestures: Directive, forceful, controlled

Body: Erect, formal posture, faces others directly and leans toward them, moves with a purpose, quick movements, Elbows on table with "steeped" hands

Attire: Formal, power colors

Voice: Loud, expressive, animated, frequent voice inflection

Pace: Fast, energetic, fluent

Approach: Direct, open, assertive, provocative

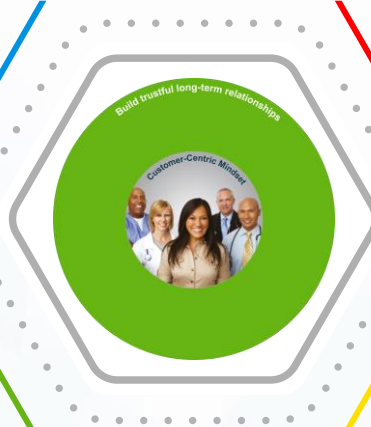
Face and eyes: Expressive, lots of eye contact

Gestures: Wide, expressive, high energy

Body: Whole body used to communicate, constant motion, gets close and touches

Attire: Informal, flamboyant

Persuader



Plan to align to HCP's Behavioral Style

To Appear MORE Task-Oriented:

Be more formal, limit socializing
Be less expressive in voice and body
Talk facts and figures not opinion/guess
State your view factually; don't advocate

Control your feelings/don't personalize
Be punctual, methodical, get to the point
Don't invade the other person's space



Lean forward, stand close
Tell/share more
Increase voice volume/pace
Initiate conversation
Maintain direct eye contact
Be direct, don't wait to be asked
Be direct and certain (Be confident, less tentative)
Respond quickly

Be informal, take time to socialize
Friendly, expressive voice and eyes
Talk in terms of experiences and opinions, don't be too technical/detailed
Show emotion and feelings

Personalize and empathize, show you care
Show an interest in their opinion and involve them
Remember name and personal details
More comfortable with personal touch

To Appear MORE People-Oriented:

To Appear LESS Assertive:

Lean back, relax
Reflect more, tell less
Reduce voice pace/volume
Wait for others to start
Make less eye contact
Wait to be asked
Be tentative/less direct
Pause before responding

To Appear MORE Assertive:



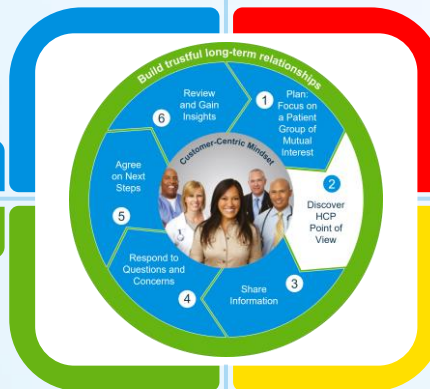
Effective Questioning and Listening with each Behavioral Style

Ask fact questions about process, protocols, effectiveness, and risks
Give time to respond
Listen thoughtfully for details
Slow, deliberate pace with pauses after answers
Confirm, summarize facts
Intermittent eye contact

Analyzer

Relater

Ask subjective questions about feelings and experience
Take your time. Comfortable pace and pauses
Friendly, responsive face and gesture. Mirror body language
Listen with warmth and empathy
Responsive, supportive eye contact
Summarize human impact



Ask objective questions about priorities and results
Quick pace
Manage time
Be direct and concise
Listen intently
Keep constant eye contact
Summarize gaps in achieving priorities

Director

Persuader

Ask feelings and impact questions
Maintain a fast, high energy pace
Listen with expressively
Don't interrupt if goes off track, listen and re-focus
Use clarifying questions to show interest and to direct the interaction
Ask for personal opinion
Ask "what if" questions
Summarize their vision, aspirations and opinions

Sharing the information that matters to each Behavioral Style

Analyzer

Because they prefer to minimize risk with rational, well-documented processes and therapies, they are **late adopters** who value:

- Evidence for **safety with efficacy**
- Comprehensive, detailed, well-documented, scientific evidence
- Sources of authority
- Access to a large body of quantitative information
- Understanding the risks and the impact of change on current protocols, treatments and outcomes



Because they care about the total patient experience, and prefer low risk, they are **late/middle adopters** who value:

- **Safety and tolerability**
- Large, long-term clinical studies
- Experience of HCPs and patient users
- Connection to social media and user groups
- Understanding of side effect risks
- Information about ease of adoption and use

Relater

Because they will accept risk to achieve their priority goals, they are **early/middle adopters** who value:

- Superior efficacy/results in a high priority need with acceptable risk
- Cost-effectiveness
- Differentiation from other therapies
- Summary headlines
- Information sources to query as needed

Director

Because they have a high risk tolerance, and want to be known for innovating, they are **early adopters** who value:

- Information about **new/novel therapies**
- Superior efficacy (not interested in “as-good-as”)
- Key point summaries of the most current information on all therapies
- What other Thought Leaders are doing/saying
- Bayer’s commitment to innovation

Persuader

Questions and Concerns based on HCP's Behavioral Style

Invite their questions and concerns (may not ask)
Give them time to formulate questions/concerns
They expect a thorough response with evidence
Don't rush your response

Analyzer

Questions / concerns will be about efficacy, results, and impact on their priorities
Stay confident; keep eye contact
Provide quick concise response
If you don't know the answer, set expectations for when you will

Director

Relater

Invite their questions and concerns (may not ask)
Watch for the emotion behind their question and empathize
Value the question/concern
Don't make them feel that you are debating or "refuting" their concern

Persuader

May interrupt with questions
May trial new products without asking questions
Concerns may sound like objections; watch for emotion and empathize
They like to debate; don't debate, discuss



HCP attitude towards behavioral changes based on their Behavioral Styles

Willingness to Change: Lowest Late adopters who prefer to minimize risk

Response to Too Much Tension: Withdraw and avoid interactions with you

Priority: Making the right rational decision, avoiding disruption, predictable processes

Your Role: Facilitate deep data analysis

Willingness to Change: Low Middle/late adopters, prefer low risk

Response to Too Much Tension: Appear to accept your evidence to avoid conflict

Priority: Improve patient experience, get buy-in from all concerned

Your Role: Personal/group support on next steps to improve patient experience



Willingness to Change: High Early/middle adopters, tolerate risks to get target results

Response to Too Much Tension: Become autocratic and advocate their point of view

Priority: Achieving priority results effectively

Your Role: Position action as next steps toward achieving their priorities

Willingness to Change: Highest Early adopters, comfortable with risk

Response to Too Much Tension: Fight Emotion in the interaction can drive conflict

Priority: Being first, innovating, their vision, being recognized

Your Role: Position next steps in which they are a visible part of innovation/achieving their vision

Customer Representative's attitude towards asking a Customer to Change

