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Quantity vs. Quality

Many medical representatives still are measured and judged on "number of calls per day" or "call frequency". These metrics are outdated after the correlation between these parameters and "Results Achieved" today is more than questionable. Assuming there will always be a living interface between the industry and their targets, striving for call quality appears to be the silver bullet for a better future.

In every session we have so far designed and executed, the very same problem had been identified: **first-line-managers** who have to assess and judge call-quality **are fully left alone** and have most **diverse ideas** what call quality is. A mutual concept of call quality either is inexistent, unavailable or unclear. The graph shows the outcome of such a real-life exercise: The FLMs of a 400 rep field force watched the same(!) call between a rep and physician: **59% of the FLMs rated "need identification" negative, the others positive.**
The difference of being assessed as a **good rep**, getting better remuneration, receiving more praise and pads on your shoulder or being called "underperformer", resistant to change and advice or seen as being unwilling to improve **depends on who your boss is.**
Is coaching in your field force more of a "**Placebo Forte**"? Under above indicated circumstances coaching efforts must fail to add value.

Your field force shows **unprofitable diversity** through **executing different strategies** due to being left alone when assessing what "a good call" looks like. Improving call quality supposedly is done at **random**.
Metrics for call quality are becoming mandatory. What about "**share of time"** or **"number of open questions asked"**?

PS: Mistrust all those "saviours who since decades know what a good call looks like!" There is no one-size-fits-all, there only are smallest common denominators in "inter-human communication".