

IZI MEDICAL · SALES & LEADERSHIP

Getting to the Truth

Good No's, Real Objections & the Power of the Pause

IZI Medical sales team

Sandler Training · McDonell Consulting Group

What we'll work on today

1

Good No's vs. Bad No's

Why a clean “no” is a win, and the real cost of the no's we create ourselves.

2

Why Clinicians Object

Three reasons behind every objection, and how to diagnose which one you're facing.

3

The Power of the Pause

Using silence on purpose to surface the truth and close with confidence.

Up-front contract: cameras / phones down, real examples on the table, and you leave with one thing you'll change this week.

THE THREAD THAT TIES IT TOGETHER

All three are about getting to the truth, faster

The most expensive thing in a sales call isn't a "no." It's a slow, fuzzy maybe, and the wasted weeks chasing it.



Take the truth

A clean no is information. It frees you and the clinician to spend time where it counts.



Read the truth

Resistance has a reason. Name it correctly and you respond to the real issue, not a guess.



Make room for the truth

Silence lets the clinician say what they actually think. Most reps talk right over it.

1

TOPIC ONE

Good No's vs. Bad No's

The no you want is a decision. The no you create is damage.

Two very different kinds of “no”



A GOOD NO

- A clear, honest decision, not a brush-off
- Earned after real questions and a fair shot
- Protects the relationship for the next at-bat
- Frees you both to spend time where it pays



A BAD NO

- A no we manufactured by pushing, pitching too soon
- Clinician shuts down to make the rep stop
- Leaves the door closed, not just this deal
- Often disguised as a polite “I’ll think about it”

What a bad no costs you in this industry

Interventional radiology, radiation oncology, and spine are small, tightly networked specialties. A bad no rarely stays a single lost case.



Lost wallet share

They keep using the competitor's device. One closed door can mean years across biopsy, localization, and other lines you never see.



Reputation travels

Physicians talk — at tumor boards, in the reading room, at SIR and ASTRO. “That rep won't take no” travels faster than any pitch.



Rep morale erodes

Chasing fake maybes burns out good salespeople and crowds out real opportunities.



The follow-up trap

Months of in-services and product evaluations feeding a deal that was never going to convert — pure opportunity cost.

Turn the mirror around

Be honest with yourself:

- Where do I keep a fuzzy maybe alive because I don't want to hear no?
- What do I do that pushes a clinician toward a bad no?
- Have I earned the right to ask, or am I pitching too early?



PAIR EXERCISE

1. Think of a recent clinician “no.” Was it good or bad?
2. What actually created it? Be specific.
3. What did YOU do, or skip, that shaped the outcome?
4. Swap with a partner. Coach each other on one fix.



2

TOPIC TWO

Why Clinicians Object

Behind every objection is one of three reasons. Treat them the same and you lose all three.

The three reasons behind every objection



They don't UNDERSTAND

They lack the knowledge. They haven't grasped the device, the value, or how it fits their practice.

"What's the clinical advantage over what I already use?"



They don't AGREE

They have a view, right or wrong, and they're telling you they see it differently.

"You're too expensive. My current device works fine."



They don't BELIEVE

They agree in principle but don't believe you or the company can actually deliver it.

"Sounds good, but I've been burned on backorders before."

TOPIC 2

Diagnose first, then respond to the right thing

The same response fails all three. Match your move to the actual reason.

THE REASON

THE WRONG REFLEX

THE RIGHT MOVE

UNDERSTAND

Pile on more features

Ask, then teach. Clarify the gap with a simple question before you explain.

AGREE

Argue or repeat your pitch

Explore their reasoning. Find where you diverge, then correct bad info or respectfully agree to differ.

BELIEVE

Explain harder

Bring proof. Clinical data, peer references, a small commitment you can keep to earn trust.

Sort the objection



In groups of 3–4: label each objection below as Understand, Agree, or Believe, then name the right move. (Some are arguable. Defend your call.)

A *“What’s the advantage of your biopsy device over the one I trained on?”*

B *“You’re priced above what my GPO contract already covers.”*

C *“You promise no backorders, but my last vendor left me short mid-case.”*

D *“I don’t see why I’d switch my whole localization business to you.”*

E *“That new vertebral augmentation kit looks like a gimmick to me.”*

F *“I’m sure it’s fine, I just don’t think you can keep my IR suite stocked.”*



3

TOPIC THREE

The Power of the Pause

Silence isn't dead air. It's the most underused tool you own.

Why a deliberate pause works



It surfaces the real issue

People fill silence. Give it three seconds and the clinician often tells you what they actually think.



It signals confidence

Rushing to fill the gap reads as nervous. A calm pause says you trust your offer, and them.



It buys you reflection

A beat to think means a better question, not a reflex. Reflect, then respond.

Use it after a question, after you state a price, and right after the clinician objects.

TOPIC 3

What filling the silence costs you

The instinct to rush in feels helpful. It usually isn't.



You answer your own question before they ever do



You talk right past the close and re-open the sale



You discount before anyone asked you to



You miss the real objection hiding under the first one