

Summary Report for Individual Task
805K-79R-3104
Conduct Prospecting Activities (Health Care)
Status: Approved

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Destruction Notice: None

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Condition: Your recruiting operation plan (ROP) indicates you must perform prospecting activities in the working and student markets. You have access to USAREC Manual 3, USAREC Manual 3-0, USAREC Manual 3-30, USAREC Regulation 601-37, AMEDD Program Guide, recruiter work station (RWS), Internet, social media websites, school websites, professional association websites, School Zone (SZ), Recruiter Zone (RZ), student list, list of colleges, residency programs, specialty programs, hospitals, and center recruiter operations plan (ROP).

All required references can be accessed at the following link: <https://sites.google.com/a/goarmy.com/publications-library/home> This task should not be trained in MOPP 4.

Standard: Conduct prospecting activities to obtain leads, COIs, VIPs, and expand markets of opportunity in student and direct markets.

Special Condition: None

Safety Risk: Low

MOPP 4: Never

Task Statements

Cue: None

DANGER
None

WARNING
None

CAUTION
None

Remarks: None

Notes: None

Performance Steps

1. Conduct medical telephone prospecting.

a. Develop a precall plan.

(1) Include blueprint information (if available).

(a) Prepare an appropriate AMEDD message that targets the leads to be called (AOC specific).

(b) Prepare an opening introduction statement.

(c) Prepare a closing statement for optimum chances of obtaining an appointment.

(d) Prioritize leads by known interest, target correct market at the correct time based on annual mission requirements.

(2) Prioritize leads by known interest, target correct market at the correct time based on annual mission requirements.

b. Build trust and credibility.

(1) Identify yourself self as a health care recruiter.

(2) State the reason for contact.

(3) Attempt to gather some type of blueprint information or confirm blueprint information from initial contact.

(4) Create interest in specific AMEDD program.

(5) Handle all difficult calls in a professional manner.

Note: The following steps are required but are non-linear

(6) Display genuine interest in their conversation.

c. Identify the prospect's goals/passion.

(1) Determine career goals or confirm goals based on blueprint information.

(2) Discuss prospects plans to achieve goals.

(3) Display a genuine interest in the health care professional's plans and provides positive feedback and guidance.

d. Identify facts and eliminate assumptions.

(1) Uncover any assumptions or misunderstandings the prospect may have.

(2) Resolve any misunderstandings or assumptions with facts.

(3) Ensure the prospect is satisfied with your explanation.

(4) Use an Center Leader or peer to clear any professional misunderstandings. (If necessary)

e. Present appropriate AMEDD programs and options that match their goals/passions.

f. Determine qualifications of prospect using APPLESMDT:

(1) Age

(2) Physical (Medical issues)

(3) Prior Service

(4) Legal (any civil, criminal, traffic or parking violations malpractice suits)

(5) Education (all professional level degree)

(6) Sex

(7) Marital Status

(8) Dependents (anyone you have a legal financial obligation to)

(9) Test/ licensure (i.e MCAT,DAT, GRE, OAT)

g. Ask for the appointment.

(1) Overcome obstacles using problem-solving techniques found in ADP 6-22 and ADRP 6-22.

(2) Ask the prospect when would be the best time, date and location to meet for an interview.

(3) Confirm best time, date and location for the interview.

(4) Provide individual with directions (if needed), telephone numbers of health care recruiter (HCR) and health care recruiting station (HCRS).

(5) Ask prospect for referral.

h. Document in Recruiter Zone (RZ).

(1) Determine individual's concerns that would prevent him/her from making an appointment.

(2) Overcome the obstacle by clarifying misperception(s) or meeting scheduling needs.

(3) Determine follow up needs.

2. Conduct medical face-to-face prospecting.

a. Develop prospecting plan.

(1) Direct prospecting plan based on mission requirements.

(2) Divide hospitals, clinics, colleges and universities within the MRC into sectors in order to minimize travel time/distance between stops and allow for the seamless integration of other activities.

(3) Dress as a professional.

b. Conduct area canvassing.

(1) Visit key personnel.

(2) Establish trust and credibility. Build rapport with prospect.

(3) Obtain lists

(a) Professional Organization list

(b) School list

(4) Schedule and/or confirm future presentations.

(5) Develop COI/VIP's.

(6) Post area with appropriate AMEDD literature.

c. Conduct lead generation activities in an attempt to obtain appointments.

Note: Establish a pattern of regularly scheduled visits.

(1) Visit common areas where potential AMEDD applicants gather (e.g., Student unions, financial aid office, residency mailbox area, admissions office).

(2) Establish trust and credibility.

(3) Identify goals and passions.

(4) Identify facts and assumptions.

(5) Present FACTS.

(6) Ask for the appointment.

(7) Ask for referrals.

d. Document results in recruiter zone.

3. Conduct virtual prospecting.

a. Develop a virtual prospecting plan.

(1) Professional organization Web sites (convention/conference schedules)

(2) Find-medical-professional Web sites.

(3) Colleges (pre-professional, graduate)

- (4) Medical and dental schools
 - (5) Student clubs, state associations, and other professional health care associations
 - (6) County, state and federal government sites
 - (7) Map and locator sites
 - (8) Resume sites (e.g., Monster.com, Careerbuilder.com)
 - (9) Student lists and e-mail addresses (medical college admission test (MCAT), dental admission test (DAT), veterinary college admission test (VCAT))
 - (10) Other health-care related sites
 - (11) Develop a series of attention grabbing responses to typical inquiries about Army Medical Department (AMEDD) programs and options.
 - (12) Access institutional and organizational electronic calendars to attend major events.
- b. Send mass e-mail to potential prospects based on lists (MCAT, DAT, VCAT or RZ generated lists) with specific area of concentration (AOC) information.
- c. Generate appointment from e-mail inquiries.
- (1) Contact the lead immediately and determine eligibility (if possible).
 - (2) Send the prospect or lead specific AOC information.
 - (3) Follow-up on previous contacts and e-mail inquiries.
 - (4) Add eligible leads/prospects to RZ.
- d. Request from your local advertising and public affairs (A&PA) representative a healthcare.goarmy.com link or other approved marketing information be placed on the university or college web sites and any health care professional organization's web site within the center's recruiting zone.

(Asterisks indicates a leader performance step.)

Evaluation Guidance: Score the Soldier GO if all performance measures are passed (P). Score the Soldier NO GO if any performance measure is failed (F). If the Soldier scores NO GO, show the Soldier what was done wrong and how to do it correctly.

Evaluation Preparation: This task may be evaluated by using the evaluation guide and/or administering the performance test Evaluation Guide. If the task is performed on the job, use the materials listed in the CONDITIONS statement above. This task can be evaluated by using the evaluation guide.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Conducted medical telephone prospecting.			
a. Developed a precall plan.			
(1) Developed a pre-call plan that consists of qualified leads and blueprint information (if available).			
(a) Prepared an opening introduction statement.			
(b) Prepared an appropriate AMEDD message that targets the leads to be called.			
(c) Prepared an opening statement.			
(d) Prepared a closing statement for optimum chances of obtaining an appointment.			
(2) Prioritized leads by known interest, targeted correct market at the correct time based on annual mission requirements.			
b. Built trust and credibility.			
(1) Identified yourself self as a health care recruiter.			
(2) Stated the reason for contact.			
(3) Attempted to gather some type of blueprint information or confirm blueprint information from initial contact.			
(4) Created interest in specific AMEDD program.			
(5) Handled all difficult calls in a professional manner.			
(6) Established your role as an health care counselor.			
c. Identified the prospect's goals/passion.			
(1) Determined career goals or confirm goals based on blueprint information.			
(2) Discussed prospects plans to achieve goals.			
(3) Displayed a genuine interest in the health care professional's plans and provides positive feedback and guidance.			
d. Identified facts and eliminated assumptions.			
(1) Uncovered any assumptions or misunderstandings the prospect may have.			
(2) Resolved any misunderstandings or assumptions with facts.			
(3) Ensured the prospect is satisfied with your explanation.			
(4) Used a SME or peer to clear any professional misunderstandings. (If necessary)			
e. Presented appropriate AMEDD programs and options that matched their goals/passions.			
f. Determined qualifications of prospect:			
(1) Physical qualifications			
(2) Moral qualifications			
(3) Professional qualifications (e.g., education, malpractice, licensure)			
(4) Determined prior service qualifications if necessary.			
g. Asked for the appointment.			
(1) Overcame obstacles using problem-solving techniques found in ADP 6-22 and ADRP 6-22.			
(2) Asked the prospect when would be the best time, date and location to meet for an interview.			
(3) Confirmed best time, date and location for the interview.			
(4) Provided individual with directions (if needed), telephone numbers of health care recruiter (HCR) and health care recruiting station (HCRS).			
(5) Asked prospect for referral.			
h. Documented in Recruiter Zone (RZ).			
(1) Determined individual's concerns that would prevent him/her from making an appointment.			
(2) Overcame the obstacle by clarifying misperception(s) or meeting scheduling needs.			
(3) Avoided becoming confrontational and begging for the appointment.			

(4) Asked for referrals.			
2. Conducted medical face-to-face prospecting.			
a. Developed prospecting plan.			
(1) Directed prospecting plan based on mission requirements.			
(2) Divided hospitals, clinics, colleges and universities within the HCRS into sectors in order to minimize travel time/distance between stops and allow for the seamless integration of other activities.			
(3) Dressed as a professional.			
b. Conducted area canvassing.			
(1) Visited key personnel.			
(2) Established trust and credibility.			
(3) Obtained lists.			
(4) Schedule and/or confirm future presentations.			
(5) Developed COI/VIP's.			
(6) Posted area with appropriate AMEDD literature.			
c. Conducted lead generation activities in an attempt to obtain appointments.			
(1) Visited common areas where potential AMEDD applicants gather (e.g., Student unions, financial aid office, residency mailbox area, admissions office).			
(2) Established trust and credibility.			
(3) Identified goals and passions.			
(4) Identified facts and assumptions.			
(5) Presented FACTS.			
(6) Asked for the appointment.			
(7) Asked for referrals.			
d. Documented results in recruiter zone.			
3. Conducted medical internet prospecting.			
a. Developed an e-mail pre-prospecting plan.			
(1) Professional organization Web sites (convention/conference schedules)			
(2) Find-a-medical-professional Web sites.			
(3) Colleges (pre-professional, graduate)			
(4) Medical and dental schools			
(5) Student clubs, state associations, and other professional health care associations			
(6) County, state and federal government sites			
(7) Map and locator sites			
(8) Resume sites (e.g., Monster.com, Careerbuilder.com)			
(9) Student lists and e-mail addresses (medical college admission test (MCAT), dental admission test (DAT), veterinary college admission test (VCAT))			
(10) Other health-care related sites			
(11) Developed a series of attention grabbing responses to typical inquiries about Army Medical Department (AMEDD) programs and options.			
(12) Accessed institutional and organizational electronic calendars to attend major events.			
b. Sent mass e-mail to potential prospects based on lists (MCAT, DAT, VCAT or RZ generated lists) with specific area of concentration (AOC) information.			
c. Generated appointment from e-mail inquiries.			
(1) Contacted the lead immediately and determine eligibility (if possible).			
(2) Sent the prospect or lead specific AOC information.			
(3) Followed-up on previous contacts and e-mail inquiries.			
(4) Added eligible leads/prospects to RZ.			
d. Requested from your local advertising and public affairs (A&PA) representative a healthcare.goarmy.com link or other approved marketing information get placed on the university or college web sites and any health care professional organization's web site.			

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary
	ADRP 6-22 (Change 1, 10 Sep 2012)	Army Leadership	No	No
	USAREC MANUAL 3-0	Recruiting Operations	Yes	No
	USAREC MANUAL 3-01	The Recruiter Handbook	Yes	No

Environment: Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT.

Safety: In a training environment, leaders must perform a risk assessment in accordance with ATP 5-19, Risk Management. Leaders will complete the current Deliberate Risk Assessment Worksheet in accordance with the TRADOC Safety Officer during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, Multiservice Tactics, Techniques, and Procedures for Nuclear, Biological, and Chemical (NBC) Protection, FM 3-11.5, Multiservice Tactics, Techniques, and Procedures for Chemical, Biological, Radiological, and Nuclear Decontamination. "Everyone is responsible for safety. A thorough risk assessment must be completed prior to every mission or operation."

Prerequisite Individual Tasks : None

Supporting Individual Tasks : None

Supported Individual Tasks : None

Supported Collective Tasks : None