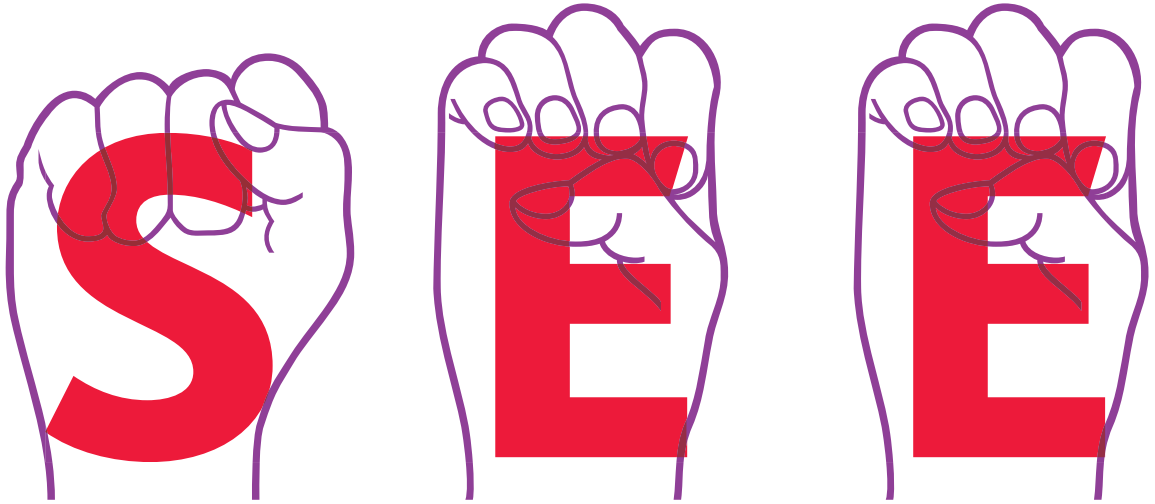
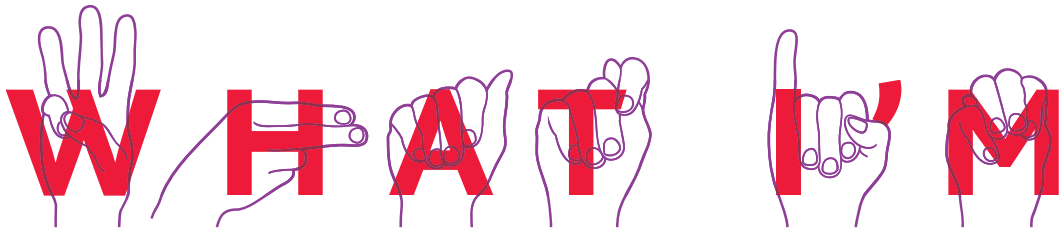


In Treatment For Carolyn Stern, who is deaf, it's much about talk therapy

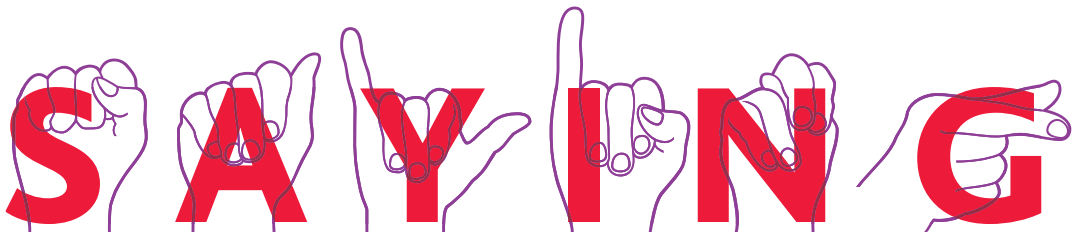




DR. CAROLYN STERN HAS A SPECIAL GIFT FOR LISTENING.



IT MAKES SO MUCH SENSE WHEN YOU LEARN THAT SHE'S DEAF.



BY NATHANIEL READE PHOTOGRAPHY BY WILL YURMAN



IN A COOL, SUNNY SPRING

afternoon, a patient we'll call Marika checks herself into the urgent-care center at Saint Marys Hospital, in Rochester, New York. A college student in her late 20s with blonde hair and big brown eyes, she explains to a

woman at the registration desk that she has been suffering from nausea, diarrhea, heart palpitations, and a general loss of energy. Marika has no idea she is suffering from a disease that, if left untreated, kills about 30,000 people every year, a disease quite easy for doctors to miss. Fortunately for her, she will be seen by a physician unusually good at listening.

Which might seem ironic, because Dr. Carolyn Stern is Deaf.

A petite, smiling woman with wavy, shoulder-length brown hair and stylish black-framed glasses, Stern was born on Long Island, New York, in 1964. Her mother had German measles while pregnant with her, causing Carolyn to be born completely deaf in her right ear and mostly deaf in her left. When this was confirmed at an audiology clinic in Florida, the therapist told her parents, "She's Deaf. Don't expect much from her."


One clinician also gave Carolyn's parents the standard advice back then: Enroll her in a school for the Deaf. (Upper-case-D Deaf refers to members of the Deaf community, a culture of non-hearing people who communicate visually, with sign language, as compared to your uncle the carpenter, who's gone lower-case deaf because he didn't use earplugs while working with power tools.) Instead, Stern's parents equipped her with a hearing aid, enrolled her in public school, and took her to a speech therapist every day.

Determined to nurture their daughter's potential, Bob Stern, an electrical engineer, wired their home with amplified phones and flashing lights to provide visual signals, while Barbara, a teacher, guided Carolyn and advocated—forcefully. School administrators used to say about her mother, "There's no stopping Barbara Stern." Carolyn worked hard and



excelled academically, graduating in the top 5 percent of her high school class. She was accepted to several elite colleges, went to Case Western, and there decided that she wanted to become a doctor.

This was not something that, in the 1980s, women who are Deaf did. Even today, 20 years after the signing of the Americans with Disabilities Act, one expert estimates that there are only about a hundred doctors who are Deaf in the United States. Before Stern, a handful of people who are deaf had gone into medicine, but they generally chose specialties—pathology or research—that didn't require much conversing. That's in part because of a cultural divide: Americans who



Common Sense
Stern's intent
focus makes for
quality care.

are Deaf speak what is to most of us a foreign language, American Sign Language (ASL). Very few people in the hearing world know ASL, and every day that creates dozens of hurdles for people who are Deaf. If you're Deaf, you can't hear the teachers in lectures, so you might need a sign-language interpreter, most of whom don't know how to sign such strange medical terms as "coronary artery bypass graft." (Carolyn Stern and her interpreter invented one that served their purposes; it's the sign for cabbage.)

You also can't, in an operating room, speech-read what a surgeon is telling you to do because his mouth is covered with a mask. You can't be paged over a loudspeaker because

you won't hear it. And you can't input the four-digit code that opens a locked door to the psychiatric ward because it requires hearing a beep. Hearing-world hurdles have traditionally made it hard for people who are Deaf to get anything more than menial jobs, and that means they're more likely than most of us to, among other hardships, live in poverty, be sexually abused, or go homeless.

People who are Deaf also get excluded from hearing culture in subtler ways. "Think about it," says Stern's husband Al, a hearing son

of parents who are Deaf. (People like him are called CODAs, for Children Of Deaf Adults.) "Think of the database in your head consisting of everything you've ever heard or learned on television or the radio.

LISTENING IS CRUCIAL TO GOOD MEDICINE, STUDIES SHOW. AND IT OFTEN DOESN'T TAKE MORE TIME.

Deaf people miss a lot of that cultural, ambient knowledge. They miss a lot of nuance." Carolyn Stern can tell you the exact year—1976, when she was 12—that they finally added captions to *Sesame Street*.

CONTINUED ON PAGE 108



LAND.



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RELAX.

See What I'm Saying

CONTINUED FROM PAGE 99

At Northwestern Medical School, in Chicago, she sat in the front row of her lectures so she could speech-read, an essential complement to the FM transceiver she used to pick up the amplified voices of her professors. While she worked harder than most to understand what was being taught, she never really thought she was breaking down barriers—she was just doing what she wanted to do. Then the school told her they were going to cut back on her ASL interpreters because of the cost, and she decided to fight.

For two and a half years, while simultaneously wading through biochemistry, anatomy, and other complex subjects, she had to have regular conversations with her lawyers. They eventually settled the case, and while she can't discuss the outcome, the school did end up providing her with interpreters and opening an office for students with disabilities. "At that point, I realized I was paving the way," Stern says. "I realized that this wasn't for me. This is for the people who come after me."

While some of Stern's medical school professors encouraged her, others said to her, "Think about whether you're putting patients at risk. You need to think seriously about what you're going to do for your career."

cally embedded hearing aid called a "cochlear implant" placed in one ear. ("Insurance companies think that Deaf people only need one ear to hear," she says.) The sound this provides, combined with her excellent speech-reading skills, allows her to speak and understand to such a high degree that most patients never notice she's Deaf. The only obvious difference is the amplified stethoscope she pulls from the pocket of her scrubs, a stethoscope bell attached to a black wire that runs to an amplifier on her waist and from there to headphones.

Stern also made a conscious effort during her training to seek out older doctors who knew old-school techniques, many of which are disappearing in this age of high technology. They taught her that clubbing of the fingernails, for instance, where the nails begin to curve outward, is a sign of lung disease. She learned to palpate the liver edge, and to examine the color of eyeballs and tongues. One of these old-school doctors told her something particularly encouraging: He said that it's less important to hear everything than it is to pay attention.

This in part explains the anecdotal evidence suggesting that patients tend to prefer physicians who are Deaf: Because they have to pay attention, it often makes them better at listening.

STERN FACES HER PATIENTS BECAUSE SHE NEEDS TO READ THEIR LIPS, BUT THIS IS THE FIRST STEP TOWARD QUALITY LISTENING.

Stern says she told them, "I have thought about it—every day of my life." And she did share their concern.

What if I miss something, she thought, because I can't hear, and I do put a patient at risk?

Nowadays technology helps. Doctors who are Deaf, for instance, can buy visual and amplified stethoscopes. Stern went completely deaf when she was 25 and decided to get a surgi-

And listening, it turns out, is a crucial aspect of good medicine. One 2004 study found it to be a "significant predictor of patient satisfaction." Another study linked two-thirds of malpractice lawsuits to poor communication. And yet another showed that doctors who are taught to listen better are more likely to catch the true cause of a patient's distress. Experts say that good listening increases patient satisfaction

and positive medical outcomes, and it doesn't usually take more time.

The value of good listening isn't just confined to medicine. We spend about a quarter of our day listening, more than any other communication activity. Our culture gives prizes and presidencies to great speakers, but most of us wouldn't know how to be good at the "important and neglected art" of listening. Yet studies show that good listening leads to better performance in everything from marriage to business. As Laura Janusik, associate professor of communication at Rockhurst University in Kansas City, Missouri, and president of the International Listening Association explains, good listening can reduce a company's turnover and costs and increase customer satisfaction. Listening isn't just some '60s-era fad, like encounter groups and Earth Shoes. Says Janusik, "Listening is good for the bottom line."

THE SAINT MARYS urgent care center is bland and beige and clean-smelling, with 16 exam rooms arranged around a doughnut of floor vinyl and a round nurse's station. A form in Dr. Stern's inbox tells her she'll find Marika in Exam Room Four. Stern breezes in, dressed in rubber clogs and pink scrubs, and yanks the fabric curtain along its metal rod to create some privacy—the room has no door. Marika sits on the gurney, dressed in jeans and a T-shirt.

Stern immediately demonstrates her unique skill, simply by pulling up a black plastic chair so it faces Marika, and sitting.

Stern faces her patients because she needs to read their lips, but this is a first step toward quality listening. Janusik says that we listen with our bodies as well, by encouraging the speaker. Imagine yourself giving a speech from behind a podium: Who would you rather look at, that scowling snoozer with crossed arms

who's sneaking peaks at his BlackBerry, or the person who's looking at you, nodding, and smiling with wide eyes? Doctors who stand across as imposing and impatient, which inhibits a patient from wanting to talk. Doctors who display a prescription pad communicate nonverbally that they are done. By sitting at Marika's level, Stern nonverbally makes herself an equal.

Then she looks Marika in the eyes. Eye contact, Janusik says, can be a form of non-verbal listening, as long as it's not staring. Studies show that women value and make eye contact more than men, who interpret too much eye contact from other men as a challenge. And a direct gaze that lasts longer than 4 to 6 seconds isn't attentive, it's a stare, and can be as creepy as Charles Manson.

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People who are Deaf tend to make good listeners because their own language and culture requires them to look at your mouth, face, and body. We've all had that doctor who's busily flipping through the chart or tapping on a laptop rather than looking at us; people who are Deaf consider it a slap in the face (because it precludes communication) to look away from the person signing or speaking. Stern recalls a supervisor she had in residency who was always on the phone or reading when they were supposed to meet. She refused to speak until he put everything else down and looked at her.

BECAUSE IT'S HARD IN DEAF CULTURE TO TAKE NOTES WHILE SOMEONE IS SIGNING, PEOPLE WHO ARE DEAF OFTEN HAVE BETTER MEMORY SKILLS.

Stern says that people who are Deaf tend to be more patient about communicating and also more devoted to it. She says that's because "I know how hard it is to understand something."

She introduces herself to Marika in her usual manner: "Hi, I'm Dr. Stern. What can I do for you today?"

Then she displays another skill that's as rare in medicine as it is in life. A study shows that the majority of medical doctors interrupt their patients after 18 seconds. My wife interrupts me after six words. Dr. Stern gives Marika verbal and non-verbal encouragement—she nods her head, says, "Mmm-hmmm" and "Oh"—and lets Marika speak until she is completely and utterly done.

It takes less than a minute for Marika to describe her mishmash of symptoms. She says that she has been feeling weak for the past three or four weeks. She complains of headaches, nausea, diarrhea, back pain, frequent urination, including at night, which has been disturbing her sleep and making her tired. She says her hands feel like they "fall asleep" occasionally. She has come in today because "I started getting chest pains," she says, "and my

heart was racing. I actually thought I was going to die. Then my hands and fingers started feeling funny, and I thought, *Oh my God! A heart attack! And I'm only 27 years old!*"

Good listening is active; it requires a back-and-forth between speaker and listener. The goal should be a maximum amount of overlapped understanding between the two. When I watch Dr. Stern practice medicine I am struck by how little it is like all those medical shows on television. She doesn't rush around with heart paddles and needles. Mostly, she converses.

When Marika is done talking, for

instance, Stern demonstrates another key ingredient of quality conversation: She probes. She asks about the location and quality of her headaches. When Marika describes them, she asks if they are triggered by light. They aren't. She asks about the location and intensity of the heart pangs.

She asks about other long-term medical issues. Diabetes? Heart disease? Family history? Nothing there. She asks, "Do you have problems with alcohol or drugs? Do you smoke?"

Marika tells her that she smokes occasionally, drinks a beer or two a week, and does not use drugs.

"Anything else? Have you been feeling short of breath?"

"No."

Dr. Stern performs a quick physical exam. Marika's head and neck seem normal, and her abdomen isn't distended or tender. She looks fatigued, however, and her chest wall is somewhat tender to palpation. When Stern probes, this reproduces the pains Marika has described. Her heart has a strong, regular rate and rhythm, however, and her lungs are clear. What could it be?

Stern doesn't tell Marika that she is mystified. Instead she explains that based on her examination she believes that some of the symptoms—headaches, nausea, diarrhea—are related to the flu and are slowly going away.

Marika nods.

Then Dr. Stern does another smart thing: She paraphrases. She has developed this on her own after a lifetime spent in a daily struggle to understand, but it's a technique that experts like Janusik consider to be the ultimate in active listening. Stern says, "So if I understand you correctly, then, what you're saying is that it's these heart pains, and the numbness in your fingers, and a general feeling of exhaustion, that are your biggest concern."

"Yes," Marika says. She seems relieved. She's been heard.

Stern stands up, explains that she is going to order some tests, and tells Marika that she will be back. She almost never fills out paperwork in front of a patient. Instead she sits at her desk in a narrow office by the staff break room and writes requests for an EKG, a urinalysis, a pregnancy test. Because it's hard, and even considered rude, in the world of the Deaf to take notes while someone is signing, people who are Deaf often have more highly developed memory skills than hearing people do.

While Marika submits to the probing of assorted Saint Marys labs, Dr. Stern sees more patients. When one of them, a prisoner from the local jail who had his facial bones broken in a fight, needs to be admitted to the hospital, she turns on her video phone. This connects her directly to a round-faced, smiling woman on a flat-screen monitor who signs, *Hello*. The two of them happen to know each other. Stern then dials the hospital and speaks to an admitting nurse; she wants the ASL interpreter to sign back to her what the nurse is saying, to ensure that she doesn't

miss anything. We all pay for this service via a tiny tax on our phone bills.

When Dr. Stern gets Marika's test results, she sees that the EKG is normal. The urinalysis shows white and red blood cells, positive for bacteria; Marika has a urinary tract infection, and she is not pregnant. Stern considers the possibilities. Marika seems too young to be suffering from angina. Questions have ruled

out anything digestive, as well as a possible hiatal hernia.

She strides back to Room Four—she may be a patient listener, but she moves as fast as a runaway cat—draws the curtain again, and sits. She explains to Marika what she knows. The EKG and general exam look normal. The back pains and general aches stem from the urinary tract infection. She has concluded,

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as most doctors would, that Marika's heart pains probably come from something called costochondritis, also known as Tietze syndrome, which is caused by an inflammation of the rib cage. She gets out her white pad and is about to prescribe non-steroidal anti-inflammatories and muscle relaxants.

If she'd stopped there, Marika might be in serious trouble today.

BECAUSE PEOPLE who are Deaf use a visual language, they often see things the rest of us miss. Soccer players who are Deaf do just as well as hearing players who are able to yell out warnings about attackers or where to pass the ball because, as one coach says, "their heads are on a swivel." Some say that people who are Deaf have more highly developed peripheral vision. Christopher Moreland, a San Antonio-based doctor who is Deaf and the physician representative for the Association of Medical Professionals with Hearing Losses, is working on a study of physicians who are deaf and hard of hearing. He says that in his experience, "Deaf people are highly attuned to visual, nonverbal behaviors, a quality which lends itself well to healthcare-related interviews. While the words are important, equally important is observing how a person expresses those words, in particular picking up on hints that something has been left unspoken."

Listening experts tell us that speakers communicate not just verbally, but visually. Words require context—"bad" means something very different to a hip-hop DJ than it does to an evangelical minister—and speech comes with non-verbal signs: tone of voice, expression, body language. Good listeners learn to weigh what's being said against how it's being said, and ponder any incongruities. You might ask your son if he had a good day at school, and he might say "Yes." But if you're really listening, you might notice that his hands are a bit clenched or his brow slightly wrinkled. Then you might

say, "Tell me what really happened," and then you find out about the bullying at recess. This ability to examine and reflect back to the speaker how their non-words confirm or deny their spoken words may be the hardest, most important active-listening skill of them all. And Dr. Stern, fortunately for Marika, is very good at it.

As Stern talks to Marika about the side-effects of the medicine she is going to prescribe, she sees something that less-attentive doctors might have missed. She notices Marika's body language, a look in her eye, tiny contractions of the facial muscles. She thinks about this for a second. Then she says to Marika, "You know, I get the feeling that you're not telling me the whole picture. What else is going on in your life?"

Marika starts to cry.

Dr. Stern hands her a box of tissues and listens attentively while Marika sobs out her story.

She says she is exhausted, getting up in the morning to go to college, then having to work late at a job. Her parents are divorced, her mother lives out of town, and her father has been recently hospitalized with pneumonia. She works to pay for school and is hoping to finish her degree. Her courses aren't going well, however, what with the various demands on her time, and she is afraid she'll lose her scholarship.

Dr. Stern asks about her work.

Marika says, "I hate it!" She says they are short-staffed, and her boss, who is extremely critical, keeps making her do extra work. She's already gotten two warnings because she has taken time off to care for her father. She says, "I'm behind in my schoolwork, and my boyfriend and I have been fighting..." Her voice trails off.

Dr. Stern asks to hear more about that.

Marika says that she's been trying to break up with her boyfriend, who shares her apartment, because he is out of work and "just bums around."

Stern looks at Marika, touches her arm, and says, "You sound like you're feeling depressed." Here's the key ques-

tion. "Have you thought about hurting yourself lately?"

Marika cries even more. Between sobs she says, "I think about it. Sometimes I just want to sleep and not wake up." She says, "About a week or so ago, I told my boyfriend I was feeling sad. He just said, 'You'll get over it.'"

So that is it, Dr. Stern thinks. Marika is suffering from depression, with "suicidal ideation." If left untreated, it is quite obviously life-threatening.

Dr. Stern asks her, "Would you like to talk to someone about this, such as a therapist?"

Marika says that she would, but she can't afford to take more time off from work and school.

Stern immediately contacts the psychiatric assignment officer in the adjoining ward, who talks with Marika for about 10 minutes and determines that, with proper treatment, Marika won't be an immediate danger to herself.

Meanwhile, since Marika doesn't have a primary-care doctor, Stern finds her one, as well as a therapist, and schedules appointments for both within three days. She also connects her with an in-house social worker, who helps her explore options, such as arranging a leave from work and college. She writes her two scripts—antibiotics for the bladder infection and an antidepressant. She explains the medicines, their potential side effects, and how long they'll take to work. "But you need to keep the therapist and doctor appointment we have scheduled for you," Stern says. "The medicine alone won't cure you. OK?"

Marika, for the first time today, looks relieved, and almost happy. "OK!" she says. "Thanks for listening to me and hearing me out."

WHEN CAROLYN Stern sees Marika several months later for something minor, she's pleased to learn that

Marika is still in counseling, she's repeating her college semester, she's close to graduation, and she's no longer depressed. Stern has done what doctors are supposed to do: She has diagnosed and helped treat an illness that could have been fatal.

When I ask her about this, Stern shrugs it off in a way that seems to say, "Hey, just doing my job." Yes, I say, but isn't it remarkable that

you're Deaf, and you changed her life by listening?

A friend of hers standing nearby, who is also Deaf, smiles at me and signs an old Jewish proverb: "The heart," she says, "sees better than the eye."

Nathaniel Reade says that thanks to this story, his wife has greatly improved her listening skills.

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