

# Claire Bassett: Incorporating Tulane Medical School with Baylor College of Medicine

Claire Bassett, Vice-President of Public Affairs at Baylor College of Medicine, oversaw the integration and transfer, in its entirety, of Tulane Medical School of New Orleans, which was flooded as a result of Katrina, to Baylor College of Medicine in Houston. Ernesto Valdés interviewed Bassett, who has worked for the college for almost thirty years, on July 17, 2006.



*Match Day at Baylor College of Medicine (BCM) for the Tulane fourth year medical students. The BCM students had their Match Day event in a separate location at BCM.* All photos courtesy of Claire Bassett.

**CLAIRE BASSETT (CB):** I was the first vice-president at the institution when we had [Tropical Storm] Allison hit. On that particular day, I walked in and someone said, “I think you are someone important?” and I said, “Maybe.”

He said, “Well, somebody important needs to know I just moved the cow into the ladies room.”

I said, “I qualify.” [laughter]

**ERNESTO VALDÉS (EV):** You really had a cow?

**CB:** Yes, we were evacuating our animal facility, which had water in it, and so one of our animal care providers had moved the cow up into the ladies room and was moving dogs into a conference room and pigs into a vacant office. . . . We were dealing with a lot of dead scientific animals trying to save the ones that we could. . . .

**EV:** Did that experience help you with this Katrina experience?

**CB:** It helped us a lot with understanding how to react in a crisis because Baylor was only closed about seven days when we had Tropical Storm Allison. We knew how to react in a crisis to get things up and running, even if they weren’t perfect. We knew that we had a lot to offer Tulane just in terms of how to work with FEMA, how to work with the National Institutes of Health, and how to deal with getting students back in line for classes. The UT Medical School had lost their entire anatomy lab in 2001 when Allison hit, and we took all of their first year medical students who needed to have access to an anatomy lab, and they were paired up with Baylor first year students so they actually shared a cadaver. . . . We knew that that could work for Tulane.

We started having faculty calling from Tulane asking could they help at the Katrina Clinic. . . . We started hearing from



*Tulane students worked in temporary offices at Baylor College of Medicine to assist the Tulane administration in preparing for the arrival of other Tulane students at BCM.*

Tulane students saying, “We are medical students—can we help?” Or from Tulane faculty members who said, “We are physicians. We have evacuated here. Is there something we can do?” . . .

The president got a call from one of our deans and said, “Do you think there is a way we could help the Tulane Medical School?” . . . I made several phone calls to track down some Tulane deans, and I found one of them that was actually staying at the Residents Inn. . . . I talked to Dr. [Marc] Kahn, [Dean of Admissions,] and I said, “This is who I am, and we want to see if there is a way we can help you on a transition because I can assure you, you are not going to be able to get back in your buildings immediately.” . . . We set a date for September 7, to have a combined meeting with leaders from Tulane as well as our academic leadership at Baylor.

Essentially, Tulane was trying to relocate all of their medical students and have them not lose one year of training because, unlike the undergraduate schools where you could transfer to another school and your credits would transfer, the way accreditation is set up for medical schools, you cannot do that because each medical school has a unique curriculum. If you transfer into one, just because you got the training in pediatrics at one place does not mean it is equivalent to how another medical school is set up. . . .

The good news was that the Tulane Medical School was very similar in size to Baylor. . . . Baylor would take all of the first and second year medical students, and that was a total of about 300 students. They would all be enrolled and have their classes, because in their first two years, they are sitting in classrooms and labs. . . . The third and fourth year medical students could be split up between the four medical schools and the different hospitals so that they could receive their [hospital] training where they are learning how to see patients, what to look for in a patient, with the supervision of physicians. . . .

We actually set up a temporary Tulane Medical School website where students could log in, . . . faculty could check in, . . . and they began to get a list of who was around and what they could do. We provided them temporary offices here so that they could start to get things put together, and . . . we agreed that we could make [an] auditorium available to Tulane for the entire year. . . .

Tulane, because we kept all of their first and second year

students at Baylor, were all going to receive their same education they would have received as though they were at Tulane because Tulane was able to bring in their faculty to teach the vast majority of their courses. . . . What you are giving them in their third and fourth years is the experience of patient interaction, the understanding of how physicians deal with patients, and you are giving them a little bit of freedom to do some things under a highly supervised model. So, it was fine for us to have our faculty supervising them, but again, there was a corresponding Tulane faculty member. A surgeon from Tulane was working with our surgery faculty assuring that what the students were learning met all of the criteria that they had. . . .

The one thing we did early on was we talked to the different accrediting agencies . . . because we had to also assure the accrediting bodies that in taking in an entire medical school, we weren’t going to do any kind of disservice to the integrity of the medical education for our students. To assure that, one of the things that we did was to actually launch a survey about four months into it where students could say, “This is a problem. This is working well.” . . . Interestingly, I would say ninety-five percent of the comments on the survey were, “This is great. I’d do it again. It has been a little inconvenient, but we have learned a lot by having them here.”

The things that were problems were parking, cafeteria time, and study hall space. . . . Both the faculty and the students from Baylor felt like having Tulane students here was an enhancement for what we did. . . .

**EV:** How did you do the matching for housing?

**CB:** We put out a call on our email listserv to people asking if they would be willing to host a medical student, and we had a tremendous outpouring of faculty, staff, and students who said, “Yes.” . . . We worked with realtors, . . . but we placed about half of the people who needed housing in donated housing because we didn’t know whether this was going to be a three-month, a six-month, or a nine-month commitment. Our leadership team at Baylor had a pretty good idea we were looking at a full academic year. . . . We probably found housing for about 200 of the students who had not already secured housing on their own. . . .

Some students had spouses, some had kids, and some had pets. We had one student whose wife was eight months pregnant, and she actually flew here, and we got an OB/GYN setup



*Tulane students were reunited when they attended a welcome session at BCM, marking their return to classes.*



*A Tulane student looks at medical textbooks donated by medical schools around the country in one of the BCM rooms designated for use by Tulane.*

for her. We actually matched her into a garage apartment situation with a pediatrician's family. . . . So, some of it was just me talking to people. There were people that had unique circumstances who said, ". . . it has to be someone that is comfortable with being with a couple who is gay." . . . It really was kind of a matchmaking service. . . .

**EV:** Did they do this out of their own pocket?

**CB:** Yes. What we had told Tulane was that we would not charge them for any kind of indirect expenses. . . . We weren't going to charge them rent, . . . electricity, . . . nothing like that. In fact, what happened was Baylor actually received many donations from both Tulane parents and just general citizens who sent in probably close to about \$125,000 to \$130,000 to support our efforts. . . . We actually had very few costs. We had costs to find bus passes for them, which we did through our agreement with Metro. We had a little bit of remodeling that we did in a couple of spaces for them . . .

What we ultimately ended up doing was setting up two endowed scholarships of \$50,000 a piece. There is one endowed scholarship that sits at Tulane, and it is the Baylor College of Medicine Endowed Scholarship that goes to a third or fourth year student who is a leadership individual, who has great sense of community service. Then, at Baylor, we set up a \$50,000 endowed scholarship that goes to a graduate of the Tulane University undergraduate system that comes to Baylor that, again, is a senior level student who has exhibited outstanding leadership and community service skills. We felt like that was the right way to acknowledge what the donors intended the money to go for, which was to support Tulane students. . . . The most gratifying thing for us was that the [Baylor] president and I were invited to go to New Orleans for Tulane's [medical school] graduation . . . where he actually announced the two \$50,000 scholarships. . . .

**EV:** Did you personally ever have any surprises?


**CB:** Not any bad surprises. . . . The good surprise was just

it was almost overwhelming how appreciative people were to us. . . . When we had the opening orientation session with them, and they introduced our president, the kids gave him a two-minute standing ovation, which reduced him literally to tears.

We did double Match Day, which is a day when fourth year medical students find out which program they have been matched with to do their specialty training. It is the most exciting day for a medical student for the entire four years they are in medical school. Suddenly we were looking at doing two Match Day celebrations simultaneously because it happens on a national time clock at 11:00 a.m. Central Time on a set day. . . . Our president was in a position of wanting to be two places at one time, which

we were able to have him do, and they presented him with this beautiful angel portrait that is out in our hallway as you come in. They read this inscription from a Winnie the Pooh book about when your house blows away, and you don't know what to do, is there someone who will take you in? . . . [It had] all of their signatures around it, and it just was such an emotional setting. . . .

I guess what surprised me was what good friends we made with the Tulane students and faculty; . . . how close people became so quickly, and . . . the willingness that everyone had on both sides to make it work and make it work successfully for everyone. . . .

What we [have] found is that everyone at Baylor misses having the Tulane students here. The hallways were crowded, and the lunch line was a little longer, but there was really something fun about having people here . . . It was a chaotic time, but it was probably one of the most rewarding things that I have gotten to do at Baylor—that and Tropical Storm Allison. 



*Dr. Marc Kahn, Sr., Associate Dean for Admissions and Student Affairs at Tulane University School of Medicine, meets with students in Tulane offices at BCM.*