

OREGON HEALTH & SCIENCE UNIVERSITY

ORAL HISTORY PROGRAM

a project of OHSU's Historical Collections & Archives

an interview with:

Ann Beckett, Ph.D., R.N.

interview conducted on: April 7, 2016

by: Anne Heenan, D.N.P.-P.H.N., F.N.P.-C.



Interviewee: Dr. Ann Beckett
Interviewer: Dr. Anne Heenan
Date: April 7, 2016
Transcribed by: Teresa Bergen

Anne Heenan: Dr. Beckett, could you describe your early childhood, please?

Ann Beckett: Oh, let's see. Where do you want to start with this? I am the fifth child of six children that were born to, I mean, that were in my family. There were two girls and four boys. So I grew up in a family of males. My father was a minister and my mother was a schoolteacher. And what I can, my childhood was very typical, traditional, in that it was a patriarchic family. Very much involved with church and churchgoing. I've lived in several different cities as a result of that. I was born in the Chicago area, out in a suburb, in Hinsdale, Illinois. But we lived there for a while and then I moved to New York. Lived in Brooklyn, and then moved back to Chicago. So that sort of was the extent of my childhood where I was living.

Being a minister's child, you know, you always were on, I guess I should say, you were on spotlight a lot of times in terms of your behavior. So my parents were very cautious of me, all of us, for that matter, being behavior, being appropriate, learning the right manners, those kinds of things.

It's important to understand that education was very important. Besides religion, education was the next thing. And there was no question that we would be going to advanced education beyond high school and college. My older siblings, there were three brothers above me and one sister, there was a big gap between myself and my sister, about eight and a half years. So a lot of what I did was mirrored to me through her. And the brothers were older.

So the influence of my father being a minister was very strong in the family, because my brothers all became ministers. And my sister did her undergraduate in social work. And then she went into academia as I did. So I had a lot of, what should I say, well, just a good influence from her.

And none of us, the teaching part came, I guess, after later years, because I was working as a nurse in public health nursing. And then I got into teaching. So I always want to say that my mother's influence was maybe a little bit less than I thought. But there were no nurses in my family. And that was interesting. Because I was influenced by, at least as I trace it back in my mind, I was influenced by a lady that was in our church. And I don't even know if she ever realized that she had that impression on me. But for whatever reason, she worked in public health nursing. And I don't know whether it was programs that she would come, but I had the image of her in my mind wearing the navy blue uniform, and being very stately looking, as I recall. Maybe because I was short, she was tall. But I was impressed with the confidence and all that she had. And that stayed in my mind, although I didn't decide to become a nurse until I got to college.

I went to a boarding high school and everyone talked about, everyone being students and faculty, if you think you might want to do nursing, if you think you might want to, take the courses, chemistry, physics, those courses, the math that we needed to take, just in the event that you decide.

So I followed that with about four other ladies in the group. Because we were sort of the ones that were following a science background. So there were four of us, and I think maybe two of us became nurses, I think, as I recall.

But when I got to college, during orientation week I was trying to figure out what I was going to do. And I tell the students this, because I liked for them to know that everybody doesn't follow this neat little trajectory. There's some people that know they want to be nurses from the day they are born, almost. But I did not have that desire. In fact, I wasn't sure. In fact, at one point I thought it wanted to do something in sociology, because I found it interesting reading about criminals that had done these big crimes, you know, back in the '30s and '40s. Then, I think, at one point I wanted to be a lawyer. But I didn't know any lawyers, so...

At any rate, I decided then that when I got to college, that as I looked over the, what we would call now that listed all the courses for nursing, then I decided well, let me just go ahead and, the young lady in front of me, we were talking about it. And she was doing the nursing. I said, "Well, that looks pretty good. I'll do it." And that's pretty much how I said it.

And so I began to pick up the courses, and took microbiology and anatomy and physiology. And as I progressed, I got more involved in it. And I, you know, I guess I began to, what should I say, began to adapt to it. And at one point, I wanted to stop and switch over. About my junior year I felt that I was missing out on something, that my other friends were doing, things they were doing that. I just felt like my studying was interfering with my social life. And so I wanted to do that. But I didn't because, as I look back over it now, whenever I started something, I tended to finish it. And I just could not see stopping. And I just went on and continued it. And finished. And started working in Washington, D.C., in public health, as a matter of fact.

So that was my, my goal at that point, at about twenty, twenty-one years old, whatever that was, was to finish undergraduate, get a job working in public health in Washington, D.C., having a nine to five job, no weekends. And I would be perfectly happy with that. So that sort of takes me, I guess that gives some idea of what my early childhood was like.

Heenan: I was having some thoughts that are not fully coming together. But you were talking about your family, and your father being a minister and your mom being a teacher, and you have four ministers in the family, a social worker, and then you. And I was just sort of reflecting on the history of public health and nursing and pastoral outreach during the early part of the twentieth century, and into the middle part—

Beckett: That's right.

Heenan: And how all of those things were even more closely related then than they are now.

Beckett: Yeah.

Heenan: And I wonder if some of those trends that were happening in society, coming out of the earlier settlement house movement and that kind of stuff, sort of—

Beckett: Mm hmm. Mm hmm. When I got into college, and I was reading about the history of nursing, and how it started in New York City and sort of moved west. I was impressed with that. For some reason, working in the community, working in public health, I saw as, I've used the term before, as sort of edgy. On the edge of things. And that's how I felt about that lady that was, that I was sort of drawn to. I just thought that what she did sounded so, and I didn't use the term, necessarily, *exciting*. But just sort of edgy. It was just sort of, you were out there working in the

street, in the community, at that time, you know, we probably just said in public health. And working with people. I knew that I tended to enjoy working with people in that type of setting as opposed to being, you know, sort of in a solitary kind of work.

And you're right. As I got older, I looked back over it. All of the impressions were of service, you know. And I think now, why didn't I go into business or something so I would have had stronger financial background, maybe. But these are just ideas that come after you're beginning to reflect over the path. And I think about, like you said, pastoral ministry is very much of a service. You're helping people, you're involved in their lives. I don't know how my sister chose social work, but for whatever reasons, and she did have a private practice, so she was like a, she worked as a therapist for a while.

And then for me to go into nursing, and my mother teaching, it just seemed like we were all in service professions. So I may agree with you that maybe the influences, even though I may not have been directly aware of them, were part of what led me in that direction. At least the fact that as a family, we tended to be more service-oriented, you know. And I'm thinking about it now as you ask me the question. So, yeah, I guess probably it did have a lot to do with that. But again, I did enjoy reading the stories about how public health nursing began, and how the conditions that people were living in were so poor. And that, I found all of that interesting. So that's sort of what gave me my early beginnings.

And I have to say, I was never interested or drawn to acute care. And I thought that was significant in that it was never a desire to do that. So maybe this is the way I was supposed to go. Maybe so.

Heenan: Describe your education and training before you came to OHSU.

Beckett: Oh, let's see. I finished undergraduate school in Maryland. And I went to private school, it was a church-related school. So that was another thing, I think, that had a big influence. I went to undergraduate, I finished undergraduate, in Takoma Park, Maryland, at a Seventh-day Adventist college, which is now a university, believe it or not. And I went to school like in the late '60s. And that was a time when a lot of things were changing socially around the Civil Rights Movement and all that kind of stuff.

And living in Washington, D.C., was very exciting for me at that time. It was, you know, you got involved with things that were going on socially. So, at the school, clearly the school was predominantly white school. But there, during that time, there were a large number of minority students, around '65, '66, '67. So we had a lot of social activities. And you had universities right there in the city. You had Howard University right there in the city. So it gave a lot of cultural, it provided a lot of cultural experiences for us.

So I finished my nursing there. And living there during that time and going to school, I knew I wanted to stay there. Because I thought that was the only place in the country to live. So I stayed there. I got married a year after I got out of school and lived, and began, started working immediately in Washington, D.C. And I loved it. I loved every bit of it, as I recall. Small things like, you know, getting your own apartment and being married and having a lot of friends that are around your same age that were married around the same time, we were in each other's weddings, that kind of thing. So all of that began to create a very strong social network.

When I was, I guess probably about five years into working at the health department in Washington, D.C., I had a friend that was, no, a faculty member at Howard University that I knew, from church, called me one day and asked if I knew of someone who was interested in

coming on the faculty there. They had just started their baccalaureate program. And they were getting ready to go through the first national accreditation. And they had a couple of faculty members that were covering clinical groups to resign for whatever reason, or were leaving. And they were sort of in a desperate need to get people to cover their clinical groups.

So I referred them to a friend of mine that had been out on maternity leave. And she, and I knew that she was looking, was about ready to go back to work. So I referred the lady that called me to my friend, and had her to contact her.

And after my friend got there, in fact, there were two ladies that, two of my friends that actually ended up going. Well, one of them called me and said, "You know, Ann, you should come over here, too. They need another person. You should look at it." Because I had not even thought about going into academia. So, and we were baccalaureate-prepared students. So at that time, they were really wanting like teaching, we were considered like teaching assistants because we covered, or clinical, as we would call them now, clinical faculty, because we didn't have the advanced degrees.

And so that's how I got into academia, as I thought about it. I said well, yeah, I think I can do this. So I did apply for the position, obviously, and got it. And then that was really the beginning of me looking beyond undergraduate school. Because remember, as I said, my only goal that I thought would be ultimate in life was to finish undergraduate school and work in public health.

So when I got that, when I started working as a faculty member, I liked it and I found that I was pretty good at it. I had a clinical group in an acute care. And I guess I was close enough from having been in school that I remembered things from acute care.

So I started doing that, and I really liked it. And we got through the accreditation. In fact, one of the visitors came to my clinical group, which all the other faculty were a little nervous about, because you know, I'd just started. But that went very well. I became very comfortable with accreditations from that point on.

But anyway, the dean approached me about going back and finishing my master's. And as I was working with other faculty, I was thinking that I should also do this. And when we did talk about it, she strongly encouraged me to do that. And there were several schools right in the area. And she was also going to allow me to work there part time and to continue at school. So I thought that was a pretty good deal.

And at that time, the other good part about it, the federal government was giving grants to nurses. They had, they didn't call them, well, they were like grants, but they called them something else. Anyway, where they were doing training, you know, where you could continue education. And it also provided a stipend and they paid your tuition. I got in on the very end of that, because they were discontinuing it, I think, maybe the year after.

So I went to Catholic University. It was right in Washington, D.C. It made it very easy for me to get back and forth and still work part time. It was a little bit of a challenge because when I started that summer, I was pregnant with my second child. But, as I think back over it, I hardly remember it. It just sort of faded into everything else I was doing.

So I started that summer, in the summer, taking two classes. And that worked out well. And then by fall, I was taking another class. And so I started doing it part time. Until I got to where I needed to take the specialty courses for community health. And then I went full time. And surprisingly, I made it through. I wasn't the greatest undergraduate student. Because again, as you recall, I was concerned about my social life. So I tried to, you know, I did what I had to do in undergraduate school. So approaching graduate school, I was a little bit nervous about what

it was going to be like. You know, if I was going to be able to really focus and study. But it absolutely turned out well.

So we're talking about probably seven years out of undergraduate school that I finished my master's. And continued to work at Howard for, I worked there a total of twenty-one years. And I learned a lot. I had a lot of experience. I met a lot of students. We had international students there. And so I think my experience was really broadened culturally. We had students from Africa. We had some Asian students. Hispanic students, not a whole lot. Our largest, probably, group, international group, was African students from Nigeria, Kenya, and some of the other countries. So I did, I was exposed to different, you know, the cultural differences. And was made more aware of that. Because working at Howard University, as people know, I mean, it's predominantly an African American school. So I found that very interesting, that I had that opportunity.

And in fact, when I was planning to come out, well, I shouldn't say, when I got out here, I felt that that experience really helped me to adjust to the differences out here as well. And that got me to Portland. Specifically, my children, my sons were in college. And my husband at the time wanted a change and he came out for a conference and heard about a job at Bonneville Power Administration. And so he came back and told me that he was thinking about taking it. I was probably about ready to leave the D.C. area at that point, wanting a break, wanting a change. And so we agreed that he would go for a year. And then I came out the next year.

But what was interesting about that, and you know, sometimes I think that life has a way of leading us in a certain direction. And maybe things work out for the better. But the dean at the school, at Howard University School of Nursing, was very good friends with the dean, at that time, at OHSU, Dr. Lindeman. And I, naturally wanting to use whatever influence, I said, I told my dean, I said I was moving out there, I said, "So, I'm going to need a job. So I need you to do what you can." It didn't come out exactly like that. But I was asking her, you know, if there's anything out there, I would be interested.

And sure enough, she got word back to me and had set up where I could I have an interview with Dr. Lindeman when I came out to visit in the summer of '93, I think it was. And that was the, I guess probably the second time I'd had to have an interview for a job. And I was really excited about it. I had no idea what to expect. But Dr. Lindeman was very cordial and very welcoming. And her office, the people that were working with her in the office were very helpful and, you know, they seemed like they wanted me to come.

So as a result, I did. And I started working in the Department of Psychiatric Mental Health Nursing. Because that was sort of my specialty, sub-specialty, I should say, other than community health. And I enjoyed that thoroughly. I was getting to know a lot of people. I was probably the only, in most settings, I was the only African American in the group. But after a while, that didn't seem to be such a big issue. I believe there was one other faculty member that had been here for a very long time that was African American. And she, I was introduced to her and she was sort of helping me, you know, sort of navigate the campus and find things I needed to know and meet the people that I needed to meet. She eventually went to work in the president's office, and I stayed there in the school.

One of the faculty members that I worked with in the Department of Psych Mental Health was extremely helpful, well, a couple of them were. But one initially took me around to all the clinical sites where I needed to have students, and introduced me to people, and made that personal contact. Which I thought was really good. Showing me where they were. Because again, I'm learning a new city and trying to adjust to all of that. And then I had another faculty

member who took me across campus and we ate in every one of the little restaurants or little, yeah, cafeterias on campus. I thought that was pretty neat. She said, "Okay, we'll go to this one this week, and we'll go to this one this week."

And so faculty were very, at least my immediate group, was very helpful in helping me to become acclimated, not only to the city, but to the culture here at OHSU.

And then there was another faculty, especially, that helped me a lot with teaching and putting materials together and encouraging me in that way. So I couldn't have asked for a better setup to walk into. It was really, as I think back over it, it was really great. I mean, I have to say that I felt very comfortable coming into the environment. Yeah.

Heenan: That's great. That's really fortunate. Because I can imagine, and you were sort of touching on this, that cultural difference coming, all kinds of cultural difference. You know, East Coast, West Coast.

Beckett: That's right.

Heenan: Coming from a predominantly black institution to OHSU, with such minimal diversity, especially at that time.

Beckett: That's right.

Heenan: A big change.

Beckett: Yeah. I used to tell people it was like, coming to Portland, or coming to Oregon, was like going to another country. It was just so different from anything that I had experienced. And I had friends that say, "Why are you going to Oregon? Where is that? Is that in Seattle?" I mean, they would ask. Because it was just not, Portland, Oregon was just not in the horizon for people that I was, it wasn't in their horizon. They didn't even think anything about Portland, Oregon. Maybe Seattle. But not Portland.

So I was very proudly telling them, "Oh, wow, yeah, it's great, it really is." And they'd say, "Well, are there black people there?"

I said, "Yes, there are. You might have to look for them. You have to go where they are. But yes, there are."

So I became very proud of the fact that I had ventured out and come this far away from family and friends, and established a whole new life out here. Which I thought was great. Yeah.

And then, I think we were talking about my academic progress. After I was here for about two years, in the program, faculty started saying, "You should go on and finish your doctorate or become a nurse practitioner." That's what a lot of them were encouraging me. "You could do the nurse practitioner." And be, in other words, in psych mental health nursing. And I thought about that, just for a minute. And I said no, I don't think I want that. Because I wasn't necessarily drawn, the psych mental health program, nurse practitioner program, really prepared you to have your own practice, and to work with clients and do a lot of therapy and medication management. And I didn't necessarily feel I wanted to do that. I had a little bit of that back a little while ago. And I realized I didn't want it. Remember, I liked working with people. I liked working with groups in a much broader sense.

So then I decided I would do the doctoral program. And I had a couple of people say, "Well, why do you want to do this now, at midlife? Take on a doctoral program?" And I thought about it, again, for a minute, because I knew that that's what I wanted to do. And decided that it wasn't so much about wanting to do it to advance my career, which it would do, but also just for my own satisfaction. It was something that I had put way out here, you know, in the distant future somewhere, that I would probably get into a, do a doctoral program.

So I did start. And that first term it was, again, sort of a challenge. But I think the advantage that I had is that I'd been working here for two years. So a lot of what I had become already familiar with, I mean, a lot of things I had already become familiar with that I wasn't learning like from the beginning, as some other students were.

We had a class of about nine students. So we really became sort of a close cohort. And again, a very supportive group, each other. I think I was probably, no, I don't say probably. I was the oldest in the group. And I had been out of school the longest. So it was a transition for me to have to go back to school and start. And now I have to discipline myself and I have to focus on studying. And I couldn't run around and do the other things that I wanted to do that I would normally do. So that first term was a little bit stressful, to say the least.

I was also learning how to work with a computer, a laptop. That's another whole story, when I came to OHSU. I still have people that remember me coming and laughing about my experiences with a computer, walking in the office and telling me that I was going to get all of my communication through email. So I was learning, really, to work with a laptop to do my work on. I think one of the advantages, I had taken typing in the days when they taught typing in high school. And so I had that skill, and so that helped.

But I got through that first term. And the second term was a little easier. And from then on it was, you know, I built up enough confidence to know that I could get through it. So, as I look back over it, I had a lot of support from faculty as well as cohort. And things just began to work out. And I just followed it, followed the path, as they say. They give you a path. Follow this path and you'll get to your goal.

And it actually worked out. And I finished it in four years, which I thought was, considering, you know, it took me almost four years to do the master's, because I was doing it part time. But I did full time work. And I finished it. And felt quite accomplished. I had a lot of confidence. So that was a good time for me. As I think back over it, it was really a good time in my life. So, yeah.

Heenan: What was the focus of your graduate work?

Beckett: It had to do with mental health, naturally. And working with African American adolescents. My experience, I had previous experience back in D.C. in working in a psychiatric facility part time on an adolescent program. And as I began to try to decide what it was that I wanted to focus on, I knew that had been a big part of my experience. And so I started thinking about the issues that were affecting African American adolescents. And I talked with different people. I talked with people I had worked with back here, just to begin to put my ideas and thoughts together.

And when I was back in D.C. working, doing that part time, I think it was between like 1986 and, I guess, '94, that I was doing this part time, D.C. was going through that issue of having a large drug, a large drug issue, crisis, almost, of crack cocaine. And many of the young kids that were coming into the hospital for various behavioral issues, were experiencing all that

on the outside. The numerous deaths that were taking place because of crack cocaine with young adolescents. You know, thirteen, fourteen, fifteen-year-olds, sixteen. So I don't know, I began to think about, I was putting all that together in my mind. So I began to, as you say, develop the ideas around the effects of adolescents experiencing homicide. And what that had to do with how they transitioned into adulthood. So what was that experience like for them and how that affected their transition?

So, as you know, when you work with ideas, you work them and work them until they become refined. So I was looking at the adolescent violence trajectory from an African American perspective. And that took me to doing a qualitative study where I was, I set out to interview individuals that had experienced that. Well, as you know when you're trying to get something through the IRB and you're working with adolescents, it's not easy. And so it was suggested that I work with adults who had experienced that. And that made it a lot better, a lot easier to make contact with them. Because I was more familiar with the Washington D.C., Maryland area, I decided I would collect, do the interview, back there. And I had more contacts to be able to get the number of people I needed to interview. So I took a summer and stayed back there and did those interviews, which were quite powerful in their stories.

The interesting part is that I was actually talking to people that had experienced homicide. Not only from, with their friends or having their friends killed by police or by other gang members. But some had actually killed people themselves, or at least been involved in shootings themselves. So what I, it just became a very, sort of a life-changing experience for me, hearing the stories. Which is what happens when you do qualitative research, in a sense, because you put a lot, you bring your experience into it and you sort of visualize it. You have a different sense of what's happening because you're right close to it. You know, you're talking to these individuals.

So, as a result, I went through all that story to tell you that I focused on the violence trajectory. The adolescent violence trajectory from an African American perspective. And all of it seemed to work out very well. I enjoyed every phase of that. It's like, I heard other faculty say, when you go through that and you get to the end, it's sort of a letdown, because you've been on such a high all along in your doctoral program. I don't know how you felt about that. But I mean, you were sort of on a high, you know. You're learning so much and you're experiencing so much and your life is just moving along so quickly. And then all of a sudden it comes to an end. Then it's graduation and you're done. And so it's like, do I really know anything? Or how much do I know?

Anyway, I came back to working at OHSU. And continued to work in mental health, which I really liked a lot. And you know, things began to, we went through changes in the curriculum. And you learn more things, and become much more confident in my teaching ability and my knowledge and all of that. So that was, that was a good experience. Yep.

Heenan: Very interesting. Yeah, you were—

Beckett: You're bringing up a lot of memories with this interview. I'm going back now and thinking a lot of them.

Heenan: Anything that comes up that you feel like you want to share?

Beckett: With working, okay, what I should say, at OHSU, again, working, I had been here a long time at that point. And I knew my way around very well. And I knew the faculty pretty much. I'd even visited the campus in La Grande, and I had been to Ashland. So I was becoming much more familiar now with the program within nursing for the state. I had a lot of opportunities to attend meetings, to participate in other outside activities. I found that when I would say that I worked at OHSU, people would sort of say, "Oh, OHSU. How nice." And it tended to open up more avenues or more opportunities for me to do things in the community. And again, I'm drawn back to the community. So I get back there. And get more involved in the community.

Things were changing here at OHSU in terms of the curriculum, the undergraduate curriculum. And we were moving more out into the community in general. Recognizing that you know, that there were only so many in-patient sites where we could take students, competing with the other schools, while we were competing with the other schools in the area. So the idea of moving, coming up with more non-traditional places for students was a really, some really big ideas that were going on. But it meant a lot of change for us as faculty. We had to change the way we were teaching. The students were learning in a different way. We had to change a lot of the things that we were very comfortable with, having done it for years and years. So we had to change a lot of that. And it was difficult to make that transition. But we had some strong leaders that were going in that direction. And I was, as I think about it, and as I was thinking about it then, I was always interested in trying something new. Because I would get bored with the old very quickly. And so to try something new for me was pretty exciting.

And the fact that we emerged as a leader in our consortium with the state, and connecting with the other campuses, first of all, and then the community colleges, and coming up with a curriculum that was shared throughout, to me, was pretty exciting.

And I saw things change for mental health as well as for some of the other specialties. And we had to think now how are we going to integrate mental health into the other courses? Because it was no longer going to be a stand-alone course as we had experienced it along with some of the other specialties. They were having to do the same thing. And there were people that were very supportive of that. And there were those who felt that this will never work. What's going to happen to mental health? We're going to lose it, it's not ever going to be there, you know, again, like we knew it when we went to school. Well, things change. And life changes. So all of that was pretty good. And you know, as we begin to work through it, we worked out the problems, there were still some issues. But each year as we moved forward, things began to change. And then here we were now doing something that was considered somewhat innovative. At least having, we had sort of taken the lead in that for the country. And I had people asking me about it again, "You're in Oregon, oh, okay, you're at OHSU. Well, how are they doing with that? We really want to have more information about that. How can we get more information? Who can we talk to?" So that took my learning experience and opportunities beyond you know, it took them beyond what I was, it helped me to grow as well in terms of learning more about how things work and how to work curriculums and how to make changes, and helping people to, you know, being a mentor, even, with other faculty. And helping them to acclimate to the academic setting. So that was a part of what I did.

And then I began to be the old faculty, the one that's been here forever. So that gives you another phase of working and helping to mentor other faculty, and newer faculty. And I did that quite a few times as more, as we were able to recruit younger faculty into the department, into the school. So that was a good part, too.

Heenan: Interesting.

Beckett: Yes. So that, I have to say that, and I said this when I was leaving, at retirement time, it gives you a time for reflection, when you're thinking back over all the things that have taken place, and the different phases in your life. And I have to say that the last twenty years that I, twenty-two really, that I, now, but at least twenty-one that I was teaching, really broadened my learning and my growth in terms of nursing and academia. I don't think I would have gotten, had the opportunity to do those things if I had just stayed on the east coast. Now maybe it would have been different. I would have had different opportunities. But it would have kept me in the same grouping. You know, I was still in that comfort zone of things that I was very much familiar with. You know, from the city to the schools to what I was doing, it was all very familiar I'd stayed there. Taking the chance and moving way across country to another state and to another school, it just opened up so many more opportunities for me that I have really, my experience has really been broadened. And I think I am so much stronger person for that.

So I decided that after so many years it was time for me to let other people take over. And it took a while for me to come to that conclusion. But I felt I was ready for that. Yeah, to do that. So, I don't know. What other thoughts, I mean, do you have some other thoughts that—

Heenan: Well, yeah. When you were talking about your doctoral work and talking about like you sort of think about dropping this stone into the pond of the homicide, or violence into the community, how does that affect the other people that are around? Not the victim, necessarily, but even the perpetrator—

Beckett: Yeah, exactly.

Heenan: Or people that were friends of the victim. And now it's twenty years later and sort of this concept of trauma-informed care, and those sort of themes are becoming more commonly known. But you were really involved there in the beginning.

Beckett: At the beginning of it.

Heenan: Conceptualizing those ideas.

Beckett: That's, yeah, because it was really a rough time, as I recall, because I was living right in it, in the middle of it. And I don't think that we ever had any idea of, any idea of the impact that it was going to really have on adolescents at that point. I mean, how do you, I had one, even when I was working in the hospital, I had a young lady, she was no more than about fourteen years old, maybe fifteen. To talk about being in a car with some other kids, or they were probably gang-involved. And having somebody being shot right next to her. And she's spattered with blood. You know, these were some of the visual things that they would describe. And I'm thinking what, how in the world can she not be affected? And then there were so many more. And actually seeing people shot down.

Because the issue around violence there was around crack cocaine. It was around the acquisition, the distribution, protection of crack cocaine. And so it wasn't so much gang here

versus this gang, but it was whoever had the territory. So there was a lot of violence going on just around that.

And I was, around the same time, my boys were growing up. They might have been a little, I'm trying to think if they were a little bit older. No, I think they were probably around in that same group. And they even had friends who had experienced the death of their friends in the area. So when you talk about the extent or the implications for that, I just thought they were, it was really difficult. It was difficult doing the interviews.

I've had my, the chair of my dissertation committee, I had to explain to her in the process of doing qualitative work and you're doing interviews, once you finish an interview you're supposed to sit down and write all your thoughts about it. And things that you, because you're bringing into it your experience and your feelings about it, all of that. And you're supposed to be writing all these notes. And I found that that was too difficult. I couldn't do it. It was just, I mean, I wanted to get as far away from it as I could. And so we talked about that later. And that it was sort of a, I was being traumatized through their experiences, listening to it again. And eventually I mean, I did have to write down my own thoughts and my notes. But doing that immediately, I couldn't do that. You know, I had to put it down.

So I'm thinking now, you're talking about the implications. I mean, the implications are very broad, you know, in terms of where, how people respond to it and what they, you know, what their thoughts are about it. There were some really poignant stories that many of them told that really—even when I was doing presentations afterwards about it, they would sort of raise the emotional level a little bit talking about it and reading some of the excerpts that they told me.

Heenan: How do you, or how did you at the time, and how do you now, personally deal with having experienced that secondary trauma?

Beckett: Ah. Then it was easy to just put it aside and ignore it. Go shopping or do something like that. Now, you know what, in preparing for the interview, I sort of began to think about things. But I have really, it's been far enough now that there's a long distance, wide distance from it. And I'm so far removed from it, I guess now, that I don't pick it up and read it. I don't read the dissertation. I don't read it anymore. So, I was doing that for a, just for a minute, again, because I'd go back to some of them. But I found that I didn't need to do that anymore. I didn't have the desire. So I have put a lot of distance between it. So right now, so I would say now that it really doesn't affect me now and I don't have to worry about, there are too many other things now that are much more pressing that I have to be more concerned about. So that doesn't come in. But earlier, it did. I mean, way back then when I was doing it. And I found that any distraction that I could do, I would, you know, I would do, to get away from doing that. That summer, when I was actually doing the interviews, that's what was the hard time. Now when I came back here, and having them transposed and having to listen to some of the tapes again, again, the further I got away, it was a little bit better. But we'd still go through some of the same things. And you're trying to pick out what parts of it did you want to include in the write-up. Trying to understand.

What we ended up doing was coming up with a theory behind that that's sort of a grounded theory is basically what it was. We did, I did a little bit of a, it wasn't quite, didn't follow grounded theory as closely as it was dimensional analysis. But the idea was that you came up with a theory about what this was like, to sort of explain it. And that helped to deal with it a little bit, too. Because then you're broadening it, and you're including more the context into it. Bringing more context into it. And that helped to understand how the different, gave you a

different understanding of what was going on. So it sort of maybe took some of the initial sting out of it, hearing it directly. So that was a very interesting time.

Heenan: Yeah. How would you say that nursing research has evolved during the years that you've been at OHSU? Or nursing research at OHSU, and nursing research in general?

Beckett: How it has evolved? Oh, my. At OHSU, what I've seen, and this is just my perspective on this, when I was in the doctoral program and we were doing, you know, each one of us, we're working it out, we're doing our dissertations and all, it seemed to have been more, the research tended to be more related to larger social issues. Looking at whether it was in the area of maternal/child, I mean, I'm trying to think of some of the issues. Or with elderly. I'm trying to think in terms of what some of the other students did. But I thought it was more of a larger social impact. What little that I have seen over the years, and more recently, it seemed to be more focused, more narrowly focused. Now that's just something that I have noticed. Even in some of the readings, the larger social issues I haven't really, I haven't seen them delved into as much as we did. I think that would be what I would think.

And I don't see much, I should say, research in mental health. That was another area that I was interested in. That has tended to change based on as we've gained more knowledge around, well from the parity laws to the looking at the mapping of the genes. And now looking at that as it relates to mental illness, more so than just following the DSM. I mean, it's broadening in that way when it comes to mental health. But the other research I haven't really had a lot of experience to talk about it, other than the fact that when I see some of the topics, they seem to be more specific in certain areas. I don't know if that answers your question very well.

Heenan: Oh, yeah, it does.

Beckett: It's a little bit of it.

Heenan: So describe some of the committee work that you've done at OHSU.

Beckett: Oh, my. That one. Let's see. What comes to mind, yes, there were different committees I was involved in. Some of them were in admissions, you know, working with admissions, and some working with curriculum development. So when you're in an academic setting and you've been there for a long time, you tend to have some experience, well, several different ones. But there's one that I really seem like I stayed on for a very long time. And partly was because I wanted to. But that was with the grievance committee. I, again, I was on that committee for quite a long time. And understanding the process, number one, was the first part. And trying to understand the process of how, it was mostly student/faculty type grievances. And any conduct disorders, I mean, not disorders, any conduct issues that came up, you know, that had to do with behavior. So all of that was covered in those committees.

And I learned a lot about that. It just gave me such a broader understanding of students and issues that they had. How we go about making decisions around, that really, in some instances, affects students' lives. The good part is that you do have all of the knowledge from a group of people to help make decisions. Because we end up having to make decisions around recommendations of what the outcome was going to be. And I just seemed like I stayed on that committee for a very long time. For a very long time. And spent many hours outside of the

normal workday writing it up or discussing it or, you know, trying to come to some conclusion and what recommendations we would make. And that was one of the ones that really sort of stayed with me and influenced me a lot.

The more I stayed with it, obviously, the better you get at it and you understand it better. So maybe that's why I stayed with it. But it sort of followed my way of looking at behavior and why people do the things that they do. That psych/mental health part, as well as the community. You know, working with people in their own environment kind of thing. You're getting a different picture of a student when they come and talk about the context and content around whatever happened. Whatever it was. Whether it was something, some infraction to the rule, or whether it was just circumstances, something going on.

Heenan: What did you observe in particular? What themes did you tend to observe?

Beckett: Like poor judgment.

Heenan: On behalf of students or faculty or both?

Beckett: Students. Sometimes, you know, it was just a lapse in judgment sometimes. Sometimes it was, most of the time, I think, it was a lapse, just a lapse in judgment. Choosing, making a decision about something that they probably should have made a different decision about, of what they decided to do, or what they did, I should say.

As I recall, I'm trying to think back through. Most of them had to do with poor decision making at the time. A lack of insight, maybe, into the situation that they found themselves in. and responding maybe in a more impulsive kind of way rather than thinking through it or responding differently. I think that would really be the basic theme. I can't think of much, I'm trying to think of another one. But no, that was really the basic theme around that.

And so then when you're trying to make a decision, you're trying to see it from everybody's aspect. What would someone else have done at this instance? How would they have managed that, you know. And then some of the other issues around academics. Those were a little easier, I think, because we had more rules and guidance, guidelines around how we handle grades and academic work and stuff like that. But yeah, the other had to do with, I would say, with that. Leave it at that.

Heenan: So you sort of tangentially mentioned the Oregon Consortium for Nursing Education.

Beckett: Yes.

Heenan: Could you describe a little more specifically how you first got involved, and the importance of OCNE, and the future of statewide nursing education?

Beckett: As a faculty member here, and because the originators of that, of development of OCNE, were right here in the School of Nursing, we were very close to, as it was developing. We were very close to it and hearing a lot about it. And when it was presented, I wasn't on any specific committee that worked with it. There were people, there were people from all the other schools that sort of formed work groups. But I happened not to have been involved in that part of it. So I became more involved when it was actually presented to faculty in terms of how were we

going to implement this. And voting on it and approving and this kind of thing. But then it came right down to because I was in mental health and that was one of the areas that was going to be integrated. I had to really, in collaboration with other faculty that we worked together in the area, had to really come up with how it was going to be integrated into the other courses. What part of it would be, you know, what part of it would go where. Because it wasn't going to be integrated as a whole. I mean, it had to be integrated all through these courses. The acute care courses and the chronic care courses.

And so that's where I began to learn a lot about how to do that. There was a committee that identified the content that we were, the essential content that needed to be included. But we did have some leeway about how we wanted to do that. And there was also a little bit of leeway, how we could add a little bit more to those areas. But those were more general guidelines.

So the challenge began, how we're going to get this material into these courses and what would be the best way of doing it. And we could not teach it the traditional way. You know, getting up before, lecturing, using PowerPoints, well, I guess we were almost probably through with overhead projectors at that point. But PowerPoints, mainly. And you know, students were learning differently. So we had to come up with ways to do that.

And a lot of what we did was case studies type of focus. But I guess, like I said, the biggest, like you were asking me, the biggest part that we felt more pressure on, I mean, more pressure about, was trying to include what we felt needed to be included to prepare students to be able to work in an environment with someone who was experiencing somebody with mental disorder. It didn't matter where they were. I mean, it could be in the emergency room, they could be on the acute care unit, they could be in a chronic care setting or wherever they were. Even in working with children, or working with prenatal patients or postpartum, that kind of thing. And they had to be prepared to understand. And frequently we thought it was difficult to try to put all that in. And what would be the best thing, what were the basic things they needed to know so that they could apply it in any situation.

So as we progressed, I mean, we got simulation going with using more psychiatric mental health-focused scenarios. We went from using mannequins, which really were difficult to demonstrate mental health. Even though we had some people that worked in it very well in terms of being the voices. But you don't get the expressions and all of that and the active behavior that you might see.

So we ended up starting to use real people. Initially I would play the role of the client in many situations, which was always fun, because I could control it and I could take the student where I wanted to go in terms of scenario.

But then after a while, we became a little more sophisticated and we started using more professional actors. But it helped, it really helped us to strengthen that psych component as we went along. But you're talking about over, you know, years of working and trying to make sure it all got in. And that they actually learned what they needed to learn. I still say it wasn't enough, but I think when you look at all the other specialties that had to do the same thing, we did pretty good. So that was a big part of what I did, probably from what, 2005 on, till retirement. So...

Heenan: I don't think we've touched too much on the specifics of your teaching career here at OHSU.

Beckett: Specifics? Like?

Heenan: You know, like kind of your progression, and recognition that you've received or various teaching excellent—

Beckett: You're reading from a different script than I remember.

Heenan: Yes I am.

Beckett: No. Let's see. My progression, maybe I should ask you to be a little more specific.

Heenan: Okay. Well, let's see. So, hmm.

Morgen Young: You mentioned curriculum that you've been involved in. There have been curriculum changes. So maybe you can elaborate on that. Or you didn't initially see yourself going into teaching, I think, early in your career. And did you enjoy that?

Beckett: Mm hmm. Mm hmm.

Young: That becomes a big focus once you get your PhD and you were here.

Beckett: That, yeah, that was, at that point, I had, by the time I got to that point, in fact, by the time I got here, really, to Portland, I mean, to OHSU, I really was sort of submerged into academia then. That was, that began to be what I knew. The other clinical practice was so, had been so far removed from clinical practice, that I really did not, even though I did it, because I also worked at Legacy Emanuel on their adolescent behavioral unit, and the reason that I did that, just like I did in Washington, D.C., I always worked in a clinical setting for my own. I saw that as a way of keeping those skills sharpened. Knowing what's going on in the latest, whether it was medication or different treatment approaches or whatever it was, I found myself—and it gave me real life sort of experiences or situations to present in teaching. So I always did that. But I saw myself as being more now an academician. Into academia, I felt very comfortable in it. I felt that I knew the rules, as such. Or the culture, I was much more familiar with. And then it began to be integrated into who I was. And so then I began to view myself as an educator. Or as a teacher. And even now in retirement, I see myself still in that role. My role being to educate people about things. About healthcare. About their health. And I take on those kind of opportunities in other settings outside of, you know, since I've been retired.

What I guess I saw, I saw myself progressing academically here at a different level. I, you know, I had to develop courses. And sort of, like again, like I said, figure out how they were going to be implemented. I did some brief teaching in the graduate program in mental health. All of that went to enrich my whole teaching experience. Let me see.

Some of the things were rather challenging. When we were in the midst of changing the curriculum from their traditional one to the OCNE curriculum, we had to teach simultaneous classes, which I thought I was going to lose my mind. Because we had eighty students in one group, and sixty-something in another. And you're trying, we had different programs. I didn't mention that. Not only did we have the baccalaureate program, but we had the accelerated baccalaureate program.

And at that time, we were trying to figure out how to teach both groups. They really weren't, the goals of each group, I should say, the teaching methods, had to be slightly different.

Because with the accelerated program, you're dealing with students that have degrees, that have done, you know, maybe a master's degree. We had some that, I think we had one lady that was an attorney. We had people that were coming back to school having lived a different life before, and now coming into nursing. And then you had your baccalaureate students who came from high school and took their courses in college, and now were coming into nursing in that way.

So the challenge for us that was sort of, as I call it, the dark days, was trying to mix, to put those programs together. And that was really a difficult time. Again, we were trying to make the transition. There were faculty that were very supportive, and willing to try. There were faculty who were sort of you know, you know, holding their ground. We can't do it this way. Sort of dug their heels in and holding it there. So trying to merge that.

And then you had the students, who were feeling, you know, that they were right in the middle being, were they getting what they thought they should be getting? Were they, you know, were they missing out on something? Students always had the feeling that you know, we're paying so much money. Are we getting our money's worth? You know, everything seems to be so confusing. Well, you know, just the questions and all that came up. And here as faculty, we're trying to walk the thin line between the two. Supporting the program, yet recognizing where it's lacking and yet trying to support the students in saying yes, but we are giving you a quality education. We are, in actuality, we're doing this. And so there were times when it all didn't work together. So it was difficult. You're trying to teach the same—the challenge for me, it was just very frustrating trying to teach the same content in a different way to different groups of students. And then you'd try to think about well, wait a minute. Did I tell this group, or did I tell this group? You know, this kind of thing.

So that went on, I think, for several terms. Until we had made the transition all the way over. And that began, you know, that began to be—and things began to go a little bit better. There were still students that didn't like it, faculty that felt uncomfortable. But as we began to make progress, you know, and the people became more used, faculty became more used to it. And hearing the different terminology, and understanding the different courses. Then I think we all became, you know, got a little more relaxed with it and not as anxious about all of the changes that were taking place and how we were going to do it. We had sort of, I guess we'd sort of made some of those hurdles. We'd sort of moved over some of those hurdles. And things began to smooth out. But it was never without some little mini situation or mini crisis, you know, that would come up.

And we went through a period of time with students when they were very unsettled, unsettling. You know, nursing is not an easy curriculum to do. And I felt sometimes that students came into it thinking that it was a little easier than their expectation. And then some came in also thinking that they knew it all. They wanted to go in a different direction, and wanted to tell us what they wanted to learn. So all of this goes into the experience of being a faculty member. I mean, none of it's any different, probably, from what other faculty experience in other schools, and even in other disciplines. But it just seemed like all of it was coming down on us in making that transition.

But the good part about it, we rode out the storm. Things were smoothed out and we were able to progress with it. There was one other, there was something else I was going to say about the curriculum. It was, once we got into it, once we started doing it, around the time that you came, probably. But we were more comfortable doing it. And as faculty became more comfortable, then I think we were able to be, to present in a more uniform way to present it to the students. So that we were sort of all on board with it.

The, I think the last, so getting back to my progression in that, that all went to build my experience. And I had to use a lot of my mental health background in working with students. Because you had to be aware of behavior. And you have to address these things in nursing because you know that they're going to be working with clients. And you have to address some of the characteristics that they bring, or their emotional behavior that they bring into it. And help them to understand what they're going through, so that they can also work with clients who are going through things. So a lot of that, but I enjoyed, that was the part that I felt comfortable with in terms of working and being able to work with students that were having difficulty. In fact, at the time of retirement, I think a couple of faculty were saying that I always came up with a plan, or always had some ideas about students. Especially those that were more difficult to work with in terms of either their academics or some of their behaviors. I mean, and this is, it's not, again, it's not something that's new. I mean, it's not different, we don't, it's not a novelty to us. I mean, it's the same, in other schools you do the same thing. I mean, you have to when you're dealing with groups like that. You have to work with individual behaviors. You have to understand their background, what they are dealing with. And trying to work with them and help them to change where they need to change. And to improve their, to make them professional. To get them to rise to that level of professional behavior that nurses need to have.

Some of that, you know, students didn't quite understand. This is different than going to a liberal arts university or college. And they had to understand that, you know, this is a professional school. There are certain expectations, so we had to do a lot of that.

And as I moved along, as we began to progress, you had more, dealing with student issues was a big part of what we had to do. I don't know so much about acknowledgements and I think you said something about recognition for stuff.

Heenan: I guess what I want to know is was there an acknowledgment or recognition or achievement of, which do you feel was most significant, or what you're most proud during your—

Beckett: Oh, for me—

Heenan: Well, for you and the school.

Beckett: Oh, I don't know about if I could say for the school. But I think for myself it was, I think trying to work with that curriculum in mental health. Because I was, pretty much for the undergraduate program, I was pretty much sort of carrying it. With some support, but mostly by myself, in a sense. I was responsible for it. I'll put it like that. I usually had one or two other people that were in mental health that were working directly with me. But it wasn't like I had started with, where we had a whole department of six or seven, eight people working. The graduate program tended to be a little separate, even though I could always talk to them. But their focus was with the graduate students.

And I did work with the graduate group a lot when it came to the accelerated baccalaureate students. Because we had students that were going right into the master's program, to the NP program, in psych. So I did that. But that curriculum part was a tough part. And you know, I think that I had to really try to make it work. And that was a lot of pressure that I felt. Some parts of it was good, came out very well. Other parts of it probably didn't come out as well. But that was an accomplishment that I think was really, that was really good.

And so, and the other thing that I really liked, over the past three or four years, I was working directly with the grant, the inter-professional grant that we had in community health.

Heenan: Is that the Interprofessional Care Access Network?

Beckett: That was the I-CAN group, yes. And so I was in from the beginning with that. And again, here's the situation. We're changing from something that we have done in a certain way to something that's being done totally different. So again, trying to learn to make that transition with students. And how was it going to work? And I was the, the grant itself called for faculty of record. A faculty of record position at a, in a, in the downtown area working with the agencies that were our partners. So we had three agencies, main agencies, that were our partners in this project. That involved not only nursing student, but dental students and medical students. And pharmacy students.

And again, this was something that began to evolve over time. I think the first term or two that we did it, we were just working with our nursing students. And just trying to get them to understand the project, number one, understand what they would be doing, what their role was to be. And trying to also get them to keep up with the assignments for the course.

Now I know that you experienced some of that as well, along with me, in the beginning. And it was a challenge. Because the students selected their clinical placements based on what they wanted. You know, what they thought they wanted to be involved in. And they had a large array of experiences they could choose from. But we had students that chose to be downtown in Old Town. Which was very good. We wanted that. It worked out much better than assigning students, like we had done previously, because at least we knew they wanted to be there.

And then getting them oriented to the agencies. And again, now, the agencies are also learning their role, and the limits of their role. And we were trying to learn that as well. You know, what is going to be our role there? How are we going to implement the list of expectations that we have, even for ourselves as faculty, and then for the students. That was another challenge. That was a big challenge. Whenever you try to introduce something that is totally different from what you've done – and we call it progress in most instances, and it really is – but whenever you're doing that, you always, it sort of can be a tug of war. You're pulling and trying to coerce people into understanding it the way you understand it. And, or the way you feel that it should be done. So that was a big thing. And we had to work through a lot of the kinks with that.

I think at the time that I left, a lot of it had been mapped out. But we were beginning to make some changes now within. Agency roles were being defined a little bit differently. And another agency may have been taking on more roles and responsibilities with the students. So we began to again balance it out a little bit. So it takes four or five years, I think, really, to get a new plan implemented in a way that works smoothly. And maybe I can't even say works smoothly, but just say it just works. We smooth it out as we go. The same way as we were making the changes in the curriculum.

So you're asking me things that I was pretty proud of. I was proud of the way we implemented I-CAN in the community. It required an extreme amount of flexibility on the part of the faculty member, as well as the students. We had to, some days we had to go with the flow, you know? We may have set out to do one thing that day, but it may have turned into something else. And when you're working with clients in that area that have the many problems, not only with their health, but with their lives in general, just where they're going to live, or where they're

not living, or if they have food to eat or, and where are they going to stay tonight, you know, as opposed to, you know, other things. They just had so many problems and issues.

We were looking mainly at the social determinants of health on the individuals. That was what the project was about, how we could have any, if any, effect on their social determinants of health. And how we could reduce their number of emergency room visits that were really not emergencies. I think we call them the 911 calls. That was one of the goals that we were trying to work for. As well as, that was one part of it, as well as trying to integrate these one, two, three, four disciplines in the healthcare into this project.

So some days, you know, you weren't sure about how much you accomplished. And then other days, you felt so overwhelmed with everything that was going on. But when we were looking at it, you know, we would look to evaluate it at the end of each term, or however our evaluation periods were, we were always able to make adjustments to it, and make changes. And we tried to implement those to smooth out a lot of the issues. But that was a good time. That was a very challenging time for me. And, from what I understand, it's still going on. In fact, it has been duplicated at some of the other campuses throughout the state, in terms of OHSU nursing campuses. So that was another accomplishment that I think was pretty good on my part because I was working mainly with one other faculty member. At one point, it was you. At one point, it was someone else, and we were trying to make this work.

So, there was a lot. Those that wrote the grant and that have, you know, have made it known, have presented it throughout the country, really, in terms of what we've done here. I know that they have done that. And the way in which they moved it along, I give them a lot of credit. Because a lot of work went into it. A whole lot of work went into it. And clearly, I think, it required more people to do all the work. But yet there were those who really just worked very hard with that. And I felt that it was important that I maintain my role in it and support the whole project in that way. And I think that I did that. You know, I think that that worked out very well, you know? And I'm glad that they're continuing it. And I'm sure that it will get even better as it moves along.

So those two things, between that change in curriculum and this project, they stand out in my mind as being the, sort of the big events that took place here since, I'd say within the past fifteen years, since 2000, since I finished the doctoral program, what I was involved in. And I felt pretty good about that. I think that was good.

So I'm trying to remember the other part of your question, things that I, the big moments for me. And yeah, I think that was it. Even some of the, when I said the dark periods, some of the dark periods, we got through some of those dark periods. But having experienced what we experienced with the curriculum. And I mean, when I say that, I mean emotionally and physically, you know, actually doing it. I think it prepared me for the I-CAN project. Knowing that, recognizing that you need that flexibility. You have to sometimes go on faith that it's going to work out okay, and have trust in the people that are designing it, making the changes. And have trust in them that they have a large vision that is worth supporting and, you know, following and supporting. I don't see how else you can make changes like that. You have to have that kind of trust in individuals, and people that you work with. That everybody is going to support it.

And there are those that I know that could not do that. That chose not to make those commitments to the projects either way. And they ended up doing other things. And that's fine. That's what happens when you're working with groups like that. People will find their niche or find that this is not my niche, and move on to something else.

But you know, again, I think, I look at my own behavior and I think yeah, I went through all of that. But I think that's my nature, to try to see things through before I sort of give up and walk away from it. You know, way back there when I was saying I thought at one point I wanted to leave nursing. I said nah, maybe I need to see this through. Maybe I need to stay. I put a lot of effort into it. I've devoted a lot of time to it so far. Why would I give up now and try something new?

And I think that's the same thing that I've exhibited throughout my career in nursing is that I've tended to stay with things. Stay with programs to try to see them through. And to have that sense of completion in our life, which I think I've achieved. When I look back over it. Retirement time helps you to look, give you an opportunity to look back over it. And I think that I did that. And I can feel comfortable making a transition into retirement, having known that what I did in my career, whether it was here or whether it was back at Howard University, that I gave 100 percent in terms of trying to support the programs that I was working in. So.

Heenan: Excellent.

Beckett: That being said. You have some more?

Heenan: No. But was there anything else that you wished I'd asked you?

Beckett: I think you covered about everything. I can't imagine any more information that you could possibly want from me.

Heenan: Wrung you out like a sponge, huh?

Beckett: It's just, obviously, when I finish and I think back over it, I'm thinking well, yeah, I could have mentioned about that, or this or that. But I think the important things are about the school and about my experiences here at the school.

We didn't talk a lot about diversity. But I did have some thoughts about that. I know that the university and the school, and the School of Nursing, specifically, want to really, yeah, they really, I think they really desire a more diverse environment. Sometimes I see things that, sometimes there's a little bit of movement in that direction and then it seems like it stops. It's nowhere near, I think, where it should be. But then, I don't have an answer to how to make it better, or how to increase it. And when I think, I mean, I know we have, we always have minority students in our program. I think, from the African American community, I think we don't. We've had, the ones we've had have been good. Some have come and could not manage the changes or could not manage the environment or the programs or whatever and chose to go other places. Not many, I don't think. For the most part, the ones that have come that I've known since I've been here have finished, come through, and even gone to the graduate—but it's only been a very, very few. And so we used to say well, you need to have more faculty of color if you want to attract students of color. Yeah, that's probably true. And, you know, I don't know. I think it's because of where we live, because of where Portland is, I think that's going to always be an issue. And you're going to have to put money behind it some way. Whether it's in scholarships or other supportive programs to help them with the transition. Or throughout, you know, to help them with their program or whatever it is. Because we've talked about all of those things. You know, where's the money going to come from? If we have to have supportive

programs for students, who's going to pay for that? Who are we going to have to do that? What faculty members are going to work to put together something that will enhance the experience, or to help the students go through the experiences?

I've, and I look, okay, and I'm thinking specifically about African American students. But with other different cultures, I mean, they're coming many times with a language, different language. And I think that's extremely hard. So how do we help with that? And they need to have extra support, I think. But, again, when you talk about programs, you've got to put some money behind it. And sometimes I don't see that as much as I think it should be. So that's my issue around that. Around diversity in that way.

And you're going to have to recruit faculty. And that's like recruiting students. You have to tell them about Portland. You have to get faculty to move here, to come here. So it's just something that we're going to continually have to keep in the forefront. And at first I thought at one point, you know, I'm sort of tired of hearing about this, and I don't want to hear it anymore. But then I realized if you don't talk about it, bring it up, then it gets lost and nobody talks about it. But even though you may not be making a whole lot of progress, I think to keep it in the forefront and talk about it is what is, is what's good. I think that will be, I think that's what we probably should do. I see it differently now than I did, say, five or six years ago. When I was hearing the same thing, the same conversations over and over again. I think that you have to keep doing that, for sure, to make it work.