

The tapestry of mentoring: valuing our past and supporting our future

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Our latest edition brings together some important articles for paediatric and child health nursing practice, including the needs of nurses caring for children and young people in rural contexts, and mentorship and clinical supervision.

As I began to reflect on these topics to prepare this editorial, I thought of one of my childhood memories of my mother who, also a registered nurse, educator and administrator, was a lifelong mentor to me in nursing. The memory was of picking her up from the nurses' quarters at the old Princess Alexandra Hospital in Brisbane, where her role at the time (1970s) was nurse educator responsible for country inservice for clinicians working in rural Queensland settings. Fast-forward 40+ years and it is clear from O'Malley et al.'s article that supporting the needs of clinicians working in rural contexts is still a priority. However, the limited published literature regarding rural emergency nurses working with children and young people points to the need for more evidence in this critical and growing context of practice. O'Malley et al. highlight the need to support clinicians and new graduates in developing their confidence and competence in caring for paediatric patients presenting to regional and rural emergency departments. One strategy that can provide this support is mentoring.

Mentoring, in its myriad forms, often enables a more experienced person to engage with a less experienced person to address mentee goals, skills and knowledge¹. Positive qualities of mentors include being friendly, approachable and supportive². Mentors are usually skilled teachers and role models capable of assessing competence and providing constructive feedback¹. Mentors can assist mentees to understand the 'lay of the land' in terms of the sociocultural and political values and issues operating in practice, and facilitate socialisation and networking³. In their article on peer mentoring and clinical supervision, Lines et al. use case studies from their own peer mentoring and clinical supervision experiences to highlight the benefits of these relationships. These connections enable a safe space to reflect upon goals met or not met, achievements realised, and to discuss practice challenges. The authors have also

engaged in clinical supervision remotely with colleagues working in rural and remote areas.

I am sure we can all picture our past and current mentors who have supported us in a relationship of trust, empathy and encouragement. Through their generosity and guidance, they have equipped us with enduring models of mentorship that we can 'pay forward' to develop and support our future profession. Justice Sandra Day O'Connor⁴ (first female Associate Justice of the US Supreme Court) once said:

We don't accomplish anything in this world alone and whatever happens is the result of the whole tapestry of one's life and all the weavings of individual threads from one to another that creates something.

I hope you enjoy the issue and that it informs your work with colleagues, children, young people and families. Best wishes,

Elizabeth

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