

LPP Meets ERCP

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Cast of characters

Dr. Bob Chief of gastroenterology at a major hospital.
Little Marjorie His twelve-year-old niece.
Nurse Samantha An experienced nurse.

Dr. Bob: Quiet down, please! Good morning, people. I want you to meet my niece Little Marjorie.

Little Marjorie: Hi! My mommy wants me to become an gastrologist.

Dr. Bob: Little Marjorie, I've told you again and again that you don't need your mommy as a **didactic caretaker** [p. 112].¹ You are here because you want to become a member of a community of practice. Anyway, it is called the community of gastroenterologists.

Little Marjorie: A gastroentergist?? (crying) Uncle Bob, I can't even pronounce it.

Dr. Bob: Never mind, dear, you'll learn by **talking within the practice** [p. 107]. Listen up, people! Today Little Marjorie is commencing her apprenticeship, which will be conducted according to **the analytical perspective of legitimate peripheral participation** [p. 39]. She can observe all the activities in the clinic, and participate in whatever activities she is capable of doing.

Nurse Samantha (sotto voce): I'll see to it that the little brat is kept busy.

Dr. Bob: OK people, let's get to work. Little Marjorie, you're in luck on your first day. You can observe how we do an ERCP; it's really fun, a bit difficult, but fun!

Little Marjorie: Is ERCP like the TV show ER?

Dr. Bob: Ho, ho, ho. That's a clever joke, isn't it? Little Marjorie, an ERCP is an *endoscopic retrograde cholangiopancreatography*. I could explain it to you but you are supposed to learn **in relation with other apprentices** [p. 93], rather than from the **strongly asymmetrical master-apprentice relation** [p. 93]. Samantha will explain it to you.

¹Boldface phrases are from Lave, J. & Wenger, E. (1991), *Situated Learning*. Cambridge, UK: Cambridge University Press.

Nurse Samantha (sotto voce): I could do an ERCP with one hand tied behind my back. Not that they would let me, because my uncle works in the laundry. (Aloud) Dr. Bob, during our course on—excuse me, familiarization with the analytical perspective of—legitimate peripheral participation, they said that we weren't supposed to engage in **observable teaching** [p. 92]; Little Marjorie is supposed to be given **opportunities for engagement in practice** [p. 93], which is a condition for effective learning.

Dr. Bob (irritated): Well, engage her in something, the patients mustn't be kept waiting! But make sure that her **initial, partial contributions are useful** [p. 111].

Nurse Samantha: Come on dear, why don't you start by sweeping the floor? It will give you a **first approximation to the armature of the structure of our community of practice** [p. 96]. (sotto voce) Believe me, I have every intention of exploiting **the asset of your inexperience within the context of participation** [p. 117].

Little Marjorie: Nurse Samantha, what's this long black tube?

Nurse Samantha (shouts): Don't touch it, you nitwit, that's an endoscope that costs thousands of dollars.

Dr. Bob: Nurse Samantha, don't you know any better than to **sequester newcomers by limiting their access to the artifacts of participation** [p. 104]?

Nurse Samantha: Sorry, Dr. Bob. I forgot that knowledge within a community of practice is **encoded in artifacts** [p. 102].

Dr. Bob: Darned right you did. You'll see, in a few years the **reproductive process** [p. 99] will make Little Marjorie a master gastroenterologist.

Nurse Samantha (sotto voce): From what I hear of reproductive processes, her mother is a slut and Dr. Bob is her real father.

Dr. Bob: Nurse Samantha, please bring me some paracetamol. I've got a tension headache from the **conflict between continuity and displacement** [p. 114].