

# Transcript

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**Derek Bruff:** This is “Leading Lines.” I’m Derek Bruff. There’s a question we ask all of our guests here on the podcast at the end of each interview. What’s your favorite analog educational technology? See, we spend a lot of time on the podcast discussing digital technologies for teaching since there’s so much new to explore in that space.

But technology doesn’t have to be digital to be useful in teaching. In this episode, we feature an interview with Kimberly Rogers, Assistant Professor of Sociology at Dartmouth College. She uses games and simulations in her sociology courses, two very analog technologies.

I met Kimberly because of a tweet posted by Dartmouth’s teaching center this summer which featured a few photos from the RePlay Health simulation she runs in her intro course. When I learned that RePlay Health was designed by Tiltfactor, Dartmouth’s game research and development lab, I got very excited.

Tiltfactor is led by Mary Flanagan who has designed multiple board games, including one called Monarch, that I’m proud to have in my own board game collection.

Monarch, RePlay Health, and other games from Tiltfactor are examples of what Flanagan calls critical play, games for learning and social change. I’ve been wanting to do a leading lines episode on board games and teaching for a while now, and this was my chance.

In the interview, Kimberly Rogers talks about why she teaches with games and simulations, about the importance of role-playing in discussing hard topics, and about the combination of experience to learning and productive failure she’s found useful in teaching her students.

Before we go to the interview, however, I want to take a minute and describe Tiltfactor's RePlay Health simulation, which is very intentionally designed to teach participants about healthcare systems and health disparities.

In the game, teams of 10 students work together to throw bean bags at targets for fake dollars, representing the productivity of their little fictional town.

Each student is assigned a wallet that provides a health profile for the citizen they embody in the game, complete with health risk factors like eats a healthy diet, or abuses alcohol, or lives in a high crime area, as well as health insurance status and a health meter that ranges from green to yellow to red to black. You don't want to be in the black.

Between bean bag tosses, event cards are drawn at random that affect players, usually for the worse, depending on the risk factors in their wallets. Citizens with unhealthy diets might get sicker, or those who don't get enough sleep, or those who skip vaccines.

Players with unhealthier characters have to stand further away from the bean bag targets, making it harder for them to be productive. Players can visit healthcare providers to get better, but they have to skip a bean bag toss or two to do so, and the more effective healthcare providers require insurance.

Those basic mechanics would make for an interesting simulation, but it's the policy component of the game that really helps students understand how healthcare works. Every five rounds, teams are presented a choice of several healthcare policies to vote on and implement.

Teams might pass a tobacco tax, effectively eliminating the smoking risk factor, or they might start a local farmers' market giving all citizens healthy diets. Introducing community health workers, which provides another healthcare provider for citizens is an option as is Universal Health Care.

Players discuss their policy options and then vote, and then move forward with another set of tosses and event cards under the new policy. Hopefully, the towns are more productive but that's not always the case. After four policy votes and one final set of bean bag tosses, the game ends.

Players tally up their dollars and earn bonus points for being healthy, and the player with the most points wins. That's replay health in a nutshell. Let's hear from Kimberly Rogers about how she uses this game to challenge her students mental models about health and healthcare.

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**Derek:** Thanks for talking with me today, Kimberly. Let's start by giving me a little bit of a sense of the context in which you teach. What are some of the courses that you teach where you use simulations or games, and who are the students that take those courses?

**Kimberly Rogers:** All of my courses involve some amount of, at least experiential learning, if not direct simulation. I teach our introduction of sociology class, which is a little bit larger than most of other class section is above 50 students.

I teach research methods, and then I teach special two classes on sociological social psychology, which essentially deals with social interactions and group dynamics.

Primarily, I use simulations of the sort we'll talk about today in my introductory class, because the demographics there are quite different than those of the students that I get in my other class sections. My intro class is like many intro sociology classes, that only a small proportion of the overall students in there are actual sociology majors.

The MCAT now requires sociology and psychology backgrounds, so a good section of my students are premedical students who are interested in learning more about social life that they can apply in their practice later on, but interested in performing better on the MCAT.

A certain number of my students at Dartmouth has a lot of folks that go into finance marketing, consumer type professions and so we have a lot of econ majors. Another major demographic in that class is economics majors.

Then there is a contingent of current or future sociology majors and then folks who are in more interdisciplinary programs. African and African American Studies, things of that nature, Women's, Gender and Sexuality Studies who are looking for courses to supplement those things.

It's a very diverse in substantive interests and background. It's also very diverse in class here. A lot of intro classes are set up so that they have mostly first-year students but mine is about evenly balanced across the four years.

We don't have any sequencing in our major so there's no requirement that they take this first. [laughs] Some of them may have taken other classes first. Some of them, this is their first exposure to sociology. Some of them, it's their only exposure ever to sociology because they're taking it to meet a distributive requirement.

Unlike my other classes which tend to have a much higher proportion of majors and advanced students, this is a set of folks that have really diverse goals for the class, really diverse backgrounds coming into the class. [laughs]

Then I have my goals for them that are diverse depending on how much-prolonged contact they will have with sociology. I think that's what makes simulations especially useful in this case because of many students on a quarter system, having 10 weeks with them.

It's not really enough time to develop the skills that I like to develop in folks I have four years with. [laughs] Having a visceral experience gives them a jumpstart that they're not able to get with the traditional lecture-based class.

**Derek:** Tell me then about RePlay Health which is the simulation that I first heard about you using. How does the simulation work and then how does it fit into your course in terms of your learning objectives and that diverse student population you have?

**Kimberly:** Sure. I do three-class length simulations in my intro class and this is the third one. This is the final one. It's arguably the most complicated one also. Essentially, the way that it works is that the beginning of...each week in our classes is a different substantive focus and this one falls on the week that we're studying health and healthcare from a sociological perspective.

In our first class meeting, they get a real crash course in health disparities. Essentially how race, class, gender, immigration and so forth affect health, mental health and well-being.

It also gives people an experience with embodying an identity that may be quite different from their own. Most of our students have not had the experience of being uninsured or

having really difficult health situations or being exposed to environmental injustice. [laughs]

Also, despite us talking through some of the policy recommendations in the previous class period, a lot of their instincts about what policies to implement first or the strategies they use to arrive at policy decisions like counting how many people have different conditions are actually really not the right way to approach population health.

It gives them a different way of understanding the material relating because they see the consequences of their decisions and they can see how other teams that ordered the policy implementation differently or chose different policies might experience different outcomes.

Yes. Then in the class period following, we start. They do a little reflection at the end about their health, their group strategy and in the following class...

**Derek:** Let me jump in just for a second.

**Kimberly:** Yeah.

**Derek:** My understanding of the game is that, it is played over multiple rounds. One of the things that students have to do between rounds is decide on a policy that they're going to implement in their town. Can you say a little bit more about that mechanic?

**Kimberly:** Yes. I believe it's every five tosses. With each toss, being an opportunity for your health to get better or worse, depending on your preexisting conditions and health behaviors, everything stops. The group gets together and has a conversation about what do we want to do to maximize the health and productivity of our town.

They're given a number of options, about 10 different options, for what they can implement. Some of them are more preventative-care-focused, like putting and walking trails in the park, or they're taxing tobacco, or opening a farmers' market in the local area.

Some of them are more healthcare-focused, implementing shared decision-making, or recruiting more doctors for there to be more than one primary care because as it is, there's only one. If somebody else is in there, you've got to wait for them to finish. They get to play around with different alternatives that are more preventative or treatment-oriented.

Also, one of the things I try to hit home to them in the previous class period is that, we know that the health returns on investing in the sickest or most impoverished population are much higher than in investing in those who already have reasonably good health. Yet, that's 9 times out of 10 not the way that they approach their strategy.

They start to count how many people have different conditions instead of looking at the intersection of multiple health conditions or the lack of preventative health behaviors in the face of environmental risks or something like that.

**Derek:** Any policy they pick is going to have some type of impact on the next round of the game.

**Kimberly:** Yes. Every...Absolutely.

**Derek:** Mainly depending on whatever is in the individual student's wallet, right?

**Kimberly:** That's right.

**Derek:** It's going to make them more or less likely to take a health hit or productivity hit, depending on what that chance card is.

**Kimberly:** Exactly. Some of them enable them to remove preexisting conditions from their wallets. If we've done something to improve the environmental quality, then those risk factors might disappear. If we've done something to increase participation in preventative healthcare behaviors, they might get something added to their wallet.

There's also the doctor's office dynamic. Shared decision-making is interesting because folks when they go to the ER, they get to pull a tab from the primary care physician. There's much more risk entailed in the tabs you pull at the ER for your outcome than there isn't at that.

Communication across doctors improves the information you're getting is what they're trying to simulate there.

**Derek:** Gotcha.

**Kimberly:** The dynamics of gameplay change in every round, depending on the decisions

that they're making, which makes this one of the more complicated and rich simulations that we do in the class. It's contingent on the decisions that the students are making.

**Derek:** Thank you. I'm hearing a couple of pieces that are happening. One is the role-playing piece where they're taking on an identity that's not their own. The other is trying to help them understand how collective decisions impact individuals. Is that part of it as well?

**Kimberly:** Yeah, absolutely. The effects of collective decisions on individuals, they're getting an idea of the impact of policies that...You're trying to implement for one thing that are affecting human beings that are complicated and have a lot of different stuff happening within them at one time.

We're making a policy intervention that's affecting one behavior or one experience. It tends to discount a lot of the other aspects of how people are and the intersections between those things.

The teams that tend to be the most successful are looking at this in a more holistic way instead of focusing on one condition at a time and trying to handle it because the most people have it or something like that.

It's a lot easier for students to understand individual decision-making or decisions like they would make about their own health, but when it comes to making decisions, that affect a large population of diverse people. This is an opportunity to give them an experience with what the implications might be.

**Derek:** How do you go about debriefing that? That's your second class period, what happens after?

**Kimberly:** At the start of the third class period, we go back to some of the ideas from our lecture in the first class period. I remind them of some of the things that sociologists have argued are solid interventions.

For instance, that we know that policies that improve the health of vulnerable social groups more rapidly than the rest of the population tend to narrow health gaps faster.

We know that interventions that work to improve quality of life in the places where people

spend most of their time, like workplaces, schools, neighborhoods tend to be more effective at reducing health disparities. We also know that early intervention for those at risk to childhood exposures to stressors, or our health risks are also important.

I go back and I recap where we left off on the first class period, and then we hold those conclusions up against the decisions that they made in the task.

They spent some time having a discussion together about who ended the game with good or bad health and higher lower earnings, what wallet characteristics seem to have the biggest effect on health outcomes on productivity outcomes.

Then they talk through the policies that they implemented in the order, that they implemented them, as well as the way that they arrived at those decisions. What were the steps involved in that, were your interventions effective, and were they more effective for some people than others? Why? [laughs]

After they walked through what they did and looked at it in a more divorced way from...They have a different experience when they're making these decisions on the fly than when they go back to look at what the consequences were for each member of the group.

I asked them to tie it back into the material we discussed on health disparities and this policy recommendations, and if they were to do it over again what they make the same choices. Some of the things that we often find out, we often see patterns across the groups, at least a couple of the groups.

Say the person that had the same wallet died this year in more than one group. Two groups implemented the same policy decision first and both of the people with the most vulnerable wallet died. We get to see those patterns so they can realize, "OK, some of this has to do with chance. What happened when I went to the doctor? What happened when I threw the bean bag?"

Some of this is structural. We made a decision that did not help the most vulnerable people fastest and we lost out on health benefits and productivity because one of our members died.

It's an opportunity for them to compare, within the groups, how people with diverse



characteristics fared. Also, across the groups, how people with the same characteristics fared. To recognize the benefits of insurance, the benefits of not having environmental risk factors, basically, and for those who don't have the risks.

They also have, at least one, positive health behavior. They're very resilient. They might not have great health, by chance, but usually they can make it through. Those are not the people that they most need to be focusing on when they're designing the policies.

That's, basically, how we approach it. I would say, all three of the simulations I do in this class take a full class period to run. Then, usually, some prep work and some debriefing in the class before and after.

**Derek:** I'm curious because this is a podcast on educational technology. One of the ways that I like to think about the role that technology plays is to try to imagine how we would do this without the technology. Often, technology allows us to do something we couldn't do without it, or it makes something easier that's hard to do without it.

What do you think the students gain from this sequence of activities, with the simulation in the middle, that they might not gain from a series of lectures or even class discussions on this topic?

**Kimberly:** I think of this and all the simulations that I do, the biggest barrier to true learning is students' limited experience with some of these life circumstances. Our student body is about 60 percent from families in the top 5 percent of income earners in the United States.

We have students who are from less privileged backgrounds, the overwhelming majority of students, who are able to make it to a Dartmouth education, have been sheltered from a lot of difficult life experiences, and haven't had the circumstance where they were uninsured, or even in serious health risk, living in a neighborhood where they had exposure to things that other people might not have.

There's a big difference between hearing about an experience that you're very removed from, and attempting to navigate that social reality, albeit in a very simple simulated kind of a way.

I also think my experience has been that our students are very competitive and they like to win. There's also a motivational aspect to engaging with the material in this way because they

get excited about gameplay. They get competitive about throwing the bean bags, and they get bummed out when they have to go to the doctor.

That connects them to what's happening in a more active way. It brings an element of novelty and surprise to the classroom that motivates them to connect with something in a more personal dimension than they often do when we're talking about things, even if we're having a good discussion.

**Derek:** That maybe even in a group discussion, you've still got this kind of academic distance that the students are taking between themselves and the subject. Whereas, with this simulation, they're embodying it, at least briefly, in a simplified way.

**Kimberly:** Right. One of the big challenges is because we do have...especially in the Sociology Department, a diversity of students...Our students in our classrooms are more diverse than average, for sure, at the college.

The typical situation is that, when we're talking about social problems, the people who've actually experienced these things are burdened to talk about their personal lives which is a very vulnerable thing.

The students who haven't had these experiences can't really connect to the material and all aren't really pushed out of their comfort zones in any real way.

It's an equalizer in that sense because everybody is having this experience and if they want to bring in their experience with these things or lack of experience with these things from outside of the classroom, they can.

It creates an opportunity to have a different kind of conversation that is less threatening with your peers and building a comfort level around something like that seems to enable them to talk about their lives in a different way. When we come back for the post debrief, they're more willing to make those connections or more able to make those connections than they were in the class period before.

**Derek:** That's really fascinating, actually. That in some ways some of the students might approach the topic of healthcare as fairly abstract and academic because they haven't had life experiences that expose them to the complexities.

Other students might have had those life experiences and then have to decide how much of their personal experience, history and identity that they do want to share in those conversations.

The simulation like you said gives them this middle ground where both sets of students either gives them an experience that they haven't had or allows them to talk about an external experience that they don't have to own in the same way.

**Kimberly:** Also gives them a common language for those conversations. If they want to bring those things up, they now have a way to relate it to students who may not have had experiences like that. That gives them a little bit more traction on that conversation.

**Derek:** Do you see them having aha moments in the debrief?

**Kimberly:** Oh yeah. One of the biggest aha moments this year was when they realized that the same person had died in two different groups from the same policy intervention. [laughs] There's an extra level that they get.

They recognize a certain amount of these things in their conversations within their group but there was something really extra added by comparing the patterns across the groups [laughs] this year as well, because it was essentially two and two.

Two of our teams implemented Universal Health Care right away. Those were the actually the ones where the people died [laughs] because they didn't focus on the most vulnerable people on raising them to a point where that was the most beneficial thing.

They realized after the fact that if they had waited until the second round to implement Universal Health Care after doing something that was more focused on the most vulnerable people that they would have been in a much better position than they were at the end of the game.

It's really important that at the end of any simulation activity, the students can forge the connections back to the material into the ideas from the class even if it is abstracted.

Another really fruitful element to the conversation that we had for this one because this is the one that most attempted to model the stratification system in a way that related to specific

policies of the simulations I did in this class for them to talk about areas where this is actually quite different from what people might experience in the real world.

That was a space where people who have experienced the brunt of health disparities, of health inequality in the US really felt motivated and invested in complicating the conversation and saying, "OK, this is how far this simulation can get us and here's all of the other things we really need to be considering in this conversation."

I think the students that do have a premed background or the students who have had personal experiences with these things can really bring their experience into the classroom and share some things that everybody benefits from.

**Derek:** Wow. Yeah. There's a lot happening in that discussion. [laughs]

**Kimberly:** Yeah. That's why this is the third one because they've had a lot of practice with... the whole term. I work from simple versions of these things up to more complicated ones. This isn't the simulation you want to jump into first, for sure. It's easily the most complicated simulation that I do in any of my classes.

**Derek:** Even aside from the bean bag throwing, right?

**Kimberly:** Oh, yeah.

**Derek:** Can you say a little bit about your other simulations or other games that you use in your intro course?

**Kimberly:** Sure. The first full-class simulation we do is something that different people call Sociopoly or stratification Monopoly. It's a modified version of the game of Monopoly where starting assets and income are stratified according to the actual census income and wealth quintiles. Students come in. This is the second week of class about.

We're learning about wealth and poverty. Depending on which token they pick they get assigned to an actual quintile of the stratification system. The starting money and property that they get depends on those things. Only the highest quintiles get any property at all. The top two quintiles get property.

Their earnings, when they pass go, were also stratified along the same lines. The top tier is earning a ton and the bottom tier is earning next to nothing every time they pass go, if they manage to. A lot of times, they can't even get around the board once because based on the actual census data, the top tier owns Park Place and Boardwalk at the beginning of the game.

[laughter]

**Kimberly:** It's tough. If you land on one of the two of those, you're out if you're in the bottom quintile. One of the things that is important about this, not only do they have experiences that may be strikingly different from their actual experiences, I also don't tell them what the rules are.

Even if they ask me, I don't tell them what the rules are, and they have to navigate that themselves. Some people have actual Monopoly experience, some people don't. Some teams work out modifications to the rules, and some fascinating stuff happens. It's maybe my favorite simulation.

We have about eight games of Monopoly going at the same time. I assign every team one or two qualitative notetakers, field notetakers, who are writing down quotes and observing strategies that people are using for gameplay, rules that are being innovative.

That opens up a lot of great potential for the conversation that we have to debrief this activity. Sometimes the things that are being said are very inappropriate. That's an opportunity because those are not things that normally students would say in a classroom space.

Being able to expose those conversations and talk through those conversations and why they were happening, even though it's challenging, is important to our level of acknowledgment of things that are being done and said on college campuses that don't often make it into the academic spaces.

Also, people do all kinds of wild things. Sometimes because they've learned about classic social theorists. They've learned about Marx recently. Sometimes they stage a revolution and pull they pull assets. Sometimes they propose marriage to other players. It's fascinating the things that they do. I've done this three or four times now.

There's been a couple of teams over the years where the wealthiest member created social programs for the bottom two tiers with their extra money. It's a fascinating exercise. In addition to talking through the qualitative field notes, they do complete an individual reflection that I pull in.

One of the most useful pieces is, I look at their social mobility at the end. Every team turns into a sheet on their ending assets and I compare that to the money they started the game with, and highlight for them.

In green, the cases where folks were able to move beyond the starting assets of the tier above them, and in red, the cases where they either completely lost the game or it moved down.

They get to see how rare social mobility out of one's tier is because in the four times that I've done this, there's only been...I would say, two or three instances of social mobility out of the five times and 40 people that play the game. In many cases, I would say, it's about a two to one of downward mobility to upward mobility.

It's much easier to lose money than it is to move up in the game. That's one of the activities that they most reference later on in the class and they do...

**Derek:** I was going to add that. In the board game community Monopoly is famously poorly designed...

**Kimberly:** Yeah.

**Derek:** ...because there's so much chance, there's no room for strategy. You have player elimination. That's not a fun way to play a board game. Half of your people can't play anymore because they got eliminated and the game goes on for two more hours. It's got a runaway winner problem.

Once you get in the lead, it's hard to lose the lead of Monopoly. All those are poor game design elements, but they're perfect for your simulation.

[laughter]

**Kimberly:** They're perfect, especially for a simulation of US stratifications because we do have tremendous and growing wealth and income inequality. I don't tell them what's going on until after this game so they don't know. I think that they think I'm being dramatic, but I use the actual census data.

I think that when they realize that this is the actual level of current wealth and income inequality in our society, then that's a striking moment for them, too.

**Derek:** That comes after they play?

**Kimberly:** Yeah. I don't tell them that until after. I just throw up some data about this is how much money everybody has. Once they open this little envelope and start counting their money and they realize what's going on. I throw up a slide that shows how things are stratified, but I don't tell them how I created that until the next day.

**Derek:** That's what I would call a perfect example of creating this times for telling. They've had this experience where they get a real interactive sense of what it means to be a part of that stratified system. When you've shared the census data, they can then bring that experience to that and realize, "Oh, this is how it works across the nation." Wow, that's great.

**Kimberly:** Two or three weeks after that, when we spend the first several weeks of class basically talking about extreme wealth, extreme poverty. We talk about race and gender inequality, and then we talk about intersectionality.

This tends to be one of the trickier concepts for students who aren't familiar with those ideas, to wrap their heads around it in a really meaningful way. But the key distinction is that all of the things that they've learned so far in the class are unidimensional approaches to inequality.

Thinking about class controlling for race, thinking about race controlling for class, thinking about gender controlling for both of those things.

The second simulation activity I do, is to really give them a sense of how different it is to consider more than one dimension at a time, how identities aggregate within people. For this one we use a really cool simulation that I came across from a woman in the gaming community years ago and have managed to implement in the last couple of years.

Students come to class and they play Halo, the video game Halo, which for folks who aren't familiar. it's a first person shooter video game that has been around. Specifically, it's Halo Combat Evolved Anniversary which has this really famous beach landing sequence where the player gets off on this beach and they have to fight their way down a beach to get to the objective.

What makes this a really good gameplay experience for helping students to understand and intersectionality is that Halo has something called skulls that affect gameplay in unique and intersectional ways. Typically, when we think of video games we think of difficulty settings that are unidimensional.

You can have it on easy all the way up to...Halo has something called Legendary, is the highest difficulty setting but skulls affect very specific aspects of your gameplay experience like the enemy combatants have more grenades. There's another skull that makes every grenade have a bigger blast radius.

There's another skull that makes every time you get hit by a grenade, your health gets impacted more. That means that these have cumulative and intersectional effects on your health if they're activated at the same time.

What we do for that activity is the class period before they arrive, they've read some really classic works on intersectionality. They've read Patricia Hill Collins work on "The Matrix of Domination." They've read "Unpacking the Invisible Knapsack" by Peggy Macintosh.

All these things that we tend to use in these classes where people can start go through a checklist of their privileges and understand how it's distinctly different to be a black woman than it is to just be black or just to be a woman.

Again, these are very abstract ideas or they're theoretical propositions in the way that they read about them. When they come into class, I have them read a couple of blog posts that are from when this game was designed basically.

There was one blog post where a white male gamer was talking to his friends about privilege basically by saying, "This is how privilege works. It's like playing on the Legendary mode." Then this female gamer wrote a counter blog post where she's like, "No, it's actually like skulls."



I let them read these two blog posts and then I bring them into a room. Dartmouth, that we're very fortunate to have this super cool gaming setup where there's two side by side jumbo screens and they can team play two games of Halo at the same time side by side.

I'm getting back from an experiential learning conference called The Delta Summit. One of the things we're talking about with simulations is that it's really important that you make sure students understand what the simulation was intended to do and how it connects to the material afterwards.

Also one of the most productive things that all of us found in doing simulations was the stuff that went wrong, [laughs] leaving, creating space for chaos to emerge and for this organic emergent stuff that people do when you put them in a simulated environment. That's where a lot of times the real teaching comes out.

The really cool stuff happens when people do their human thing in a context you've created for them. I think the whole is greater than the sum of its parts when you're doing those things in a real world face-to-face environment.

**Derek:** What I really like about, particularly the replay health, is that the match between what I might call a technology, the simulation, the structure, the rules the bean bags, all of that, the mechanics of the game seems very well-matched to the kind of learning that you want your students to have to be able to take on that sociological imagination, be able to see how the individual and systems interact together. I think that's really exciting. Thanks for sharing.

[music]

**Kimberly:** Thanks for having me.

**Derek:** That was Kimberly Rogers, Assistant Professor of Sociology at Dartmouth College. Thanks to the Dartmouth Center for the Advancement of Learning and their Twitter account for connecting me with Kimberly.

If you'd like more information on Kimberly and her teaching the game design lab Tiltfactor or the replay health simulation check our show notes. I've included a link to that tweet as well, which has some photos from Kimberly's class.

Stay tuned for our next episode in which I talk with one of the designers of replay health from Tiltfactor. We take a deep dive into how people learn through games. To find our show notes as well as past episodes with full transcripts, visit our website [leadinglinespod.com](http://leadinglinespod.com).

We're on Twitter and Facebook too, just search for Leading Lines podcast. We would love to hear how you use games and simulations in your teaching. I'm particularly interested to hear from instructors who have made use of board games in the classroom like Kimberly Rogers does with Monopoly.

Please find us online and share your thoughts. Leading Lines is produced by the Vanderbilt Center for Teaching, the Vanderbilt Institute for Digital Learning, the Office of Scholarly Communications at Vanderbilt libraries and the Associate Provost for Education Development and Technologies.

This episode was edited by Rhett McDaniel. Look for new episodes the first and third Monday of each month. I'm your host Derek Bruff. Thanks for listening.

[music]

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