

Integrating Clinical Pastoral Education into a Master's Degree Program at Virginia Commonwealth University

Russell Haden Davis and Alexander Tartaglia

Clinical Pastoral Education (CPE) at Virginia Commonwealth University¹ (VCU) is the only ACPE-accredited program that has integrated CPE into an academic curriculum.² This means that all successful CPE students at VCU are awarded both an ACPE certificate for units completed and VCU graduate academic credit internally applicable to an advanced degree.

Although we offer several different tracks for CPE, the focus of this article is on our twelve-month accelerated master of science degree (thirty credit hours) with a concentration in chaplain certification.³ Having arrived with at least two years of theological education and one unit of CPE, students who successfully complete this yearlong program receive both three units of ACPE credit and a master of science degree in patient counseling.⁴ The program curriculum is designed to address ACPE Level II student learning outcomes while meeting the academic requirements of the university.

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This article describes who we are, what we are doing, how we got there, and why. We will also address some of the advantages and disadvantages of our initiative.

CONTEXT

Our CPE program resides concurrently in the Department of Patient Counseling, one of nine academic units in VCU's College of Health Professions, and the Department of Pastoral Care at the VCU Health System. The College of Health Professions was formed in 1969, and Patient Counseling became affiliated with it in 1970. Although both departments report ultimately to the vice president for Health Sciences, the two entities are administratively separate, with different budgets, reporting structures, software systems, and policies and procedures. There are several unifying factors. The academic chair of Patient Counseling, Russell Davis, is also the director of Pastoral Care. The members (faculty and chaplains) see themselves as unified by a common mission for education, service, and research. The two systems (VCU and VCU Health) have formalized the common mission through a financial agreement called CERSA (Clinical, Education, and Research Service Agreement) as well as an educational affiliation agreement.

Virginia Commonwealth University was formed in 1968 through a merger of the Medical College of Virginia (MCV) and the Richmond Professional Institute. True to its origins, it has a major commitment to health care and the education of health care providers.⁵ Virginia Commonwealth University also has a major commitment to research, including research in medicine and the health sciences. Virginia Commonwealth University is situated in downtown Richmond, Virginia, and currently has over 31,000 students. The VCU Medical Center (formerly MCV Hospital), the major clinical setting for our CPE program, is an urban academic medical center, a Magnet-recognized hospital, and a level-one trauma center with 855 beds.

HISTORY OF EFFORTS TO INTEGRATE CPE INTO A MASTER OF SCIENCE PROGRAM

The launch of the integrated CPE/master of science program took place in the year 2000, but its roots go back to the Rev. George D. Osmond, the first MCV chaplain (1943–1958). Osmond, after taking CPE with Roland Fairbanks in Boston, envisioned creating a school of pastoral care within the

hospital. The fulfillment of that dream, however, was achieved by his successor, Pat Prest, in 1959.⁶

As early as 1965, Prest sought to create a medical-clinical master's degree. The original design was a two-year program with one year of CPE and another year for the master's degree. To help fund this and the additional faculty needed, he applied for a large grant from the Booth Ferris Foundation, which was not approved.⁷ In 1968, VCU was formed through a merger of MCV and the Richmond Professional Institute. Prest sought to affiliate the CPE program with the newly created School of Allied Health Sciences and, with the aid of Dean Thomas Barker, to create a master of science program in clinical pastoral counseling.

Concerns were raised about whether such a program would violate separation of church and state and the provisions of both the Constitution of Virginia and the First and Fourteenth Amendments of the United States Constitution. The university sought an opinion from the attorney general of Virginia, who replied in a two-page letter that the establishment of the program was permissible as long as its purpose was to provide training in "counseling of the sick and dying and their families," as long as it did not assist or become a part of "some religious sect's program," and as long as it was open to those trained in psychological counseling even though a majority would be those with a background in "religious education and divinity."⁸

In an effort to address the failure to secure a master's degree program, Prest decided that he needed to hire more CPE supervisors with doctoral degrees. In 1971, Roy Woodruff, PhD, joined the faculty.⁹ For the next three years, Woodruff studied various academic models and created a proposal for a thirty-credit master's degree that balanced clinical and peer group learning and a didactic curriculum that would meet university standards. Internal competition from other counseling-related disciplines within the university stalled attempts for approval.

The goal of achieving a master's degree CPE program was motivated not only by the desire to create a stronger CPE program but also by pressure from the university. For the department to have only a certificate program was an oddity for an academic program. And, the lack of a master's degree program as well as the dearth of scholarly productivity became factors during two attempts to eliminate the program, one in the early 1980s and the other in the early 1990s. The next major effort to establish the master's degree program occurred several years after Prest retired and Alexander (Lex)

Tartaglia was chosen as chair of the Program in Patient Counseling and director of Pastoral Care in 1996.

Tartaglia made it his top priority to establish a CPE master's degree program. He was aided in this endeavor by strong support from the dean of the School of Allied Health Professions, Cecil Drain, and by the extraordinary leadership of the CPE Professional Advisory Group chair, Robert B. Lantz.¹⁰ Over a two-year period, Tartaglia created new courses and revised current ones in an attempt to develop an integrated master's degree curriculum.

To avoid being perceived as competing with other university programs, Tartaglia made it clear that the master of science in patient counseling was education for professional chaplaincy, not for mental health counselors. Also, to address the issues of separation of church and state, the proposals clarified that students were trained in spiritual care and not in faith group-specific religious care. The two-year planning effort met with success and was approved by the university's Board of Visitors and Virginia's State Council on Higher Education. The first master of science in patient counseling CPE students matriculated in the fall of 2000.

CREATING THE INTERGRATED CURRICULUM

In building the master of science curriculum, Tartaglia made several decisions to help focus and shape the course structure.¹¹ The follow decisions were designed to meet both ACPE and university requirements.

- The curriculum would prepare students to become professional health care chaplains, providing a *raison d'être* consistent with the mission of VCU.
- Each ACPE Level II outcome was integrated into one or more courses in the curriculum, and a curriculum map was created to show which ACPE student learning outcomes were being addressed in each course.¹²
- Courses and content were created using a developmental sequence designed to help students achieve outcomes over three units/semesters.
- Curriculum design and implementation was consistent with ACPE standards and accreditation requirements.
- Courses were taught by VCU-approved faculty and by ACPE certified educators to the extent required by ACPE standards.

- Traditional CPE program components and methodologies were integrated into the curriculum, such as verbatim reports, peer group learning, didactic seminars, learning goals, clinical assignments, and individual supervisions.
- The degree requirements and courses met VCU academic standards.¹³
- Over time, consistent themes such as professional development, interprofessional practice, chaplaincy documentation, and evidence-based practice would weave the program together.

To integrate CPE into a master of science curriculum required some nuts-and-bolts decisions. CPE is offered in units, and the academic world at VCU is oriented toward semesters. Thus, CPE units at VCU coincide with semesters in the VCU academic calendar (fall, spring, and summer). Applied credit hours as well as academic workload assigned to each course are consistent with VCU standards.

THE INTEGRATED CURRICULUM BY SEMESTER/UNIT¹⁴

Table 1 below gives a visual representation of our master of science curriculum.¹⁵ Each semester (fall, winter, and spring) has two courses that incorporate traditional CPE program components and methods, a course on theory and practice of health care chaplaincy, and a course on group process. The theory and practice courses incorporate the traditional CPE elements (didactic seminars, verbatim presentations, learning contracts, clinical practice, reflection papers, individual supervision, and end-of-unit self-evaluations). The group courses include both group theory and a group process time, which we call IPR (interpersonal relations group). In addition, each semester has courses on special topics that we describe below.

Fall Semester

Theory and Practice: Theology.¹⁶ This theory and practice course focuses on the student achieving facility with theological or philosophical reflection and the ability to apply the thought of a major theologian or philosopher to clinical practice and verbatim analysis.¹⁷ Students select a theologian or philosopher who offers systematic and in-depth reflection on topics such as the nature of ultimate reality, human nature, and suffering. They present a paper in a seminar on their selected theologian and then, throughout the rest of the semester, use that theological point of view to reflect on their

clinical encounters in their verbatim reports. Categories for reflection include suffering/evil, fear/hope, community/isolation, and freedom/bondage as well as the nature of personhood, healing, and change. The student is also encouraged to reflect on these existential themes autobiographically.

Group Process. The group process course in the fall includes a didactic series on group process, development, and dynamics. The textbook is *Group Process and Practice*.¹⁸ Assignments include creating and presenting a sociogram (chart/diagram of interpersonal relations in a group) of an IPR session. Self-reflection on being an effective group participant is emphasized.

Clinical Ethics. In addition to the traditional CPE courses, a semester-long course on clinical ethics and ethics services in health care organizations is required. A chaplain with a master of arts degree in clinical ethics teaches this course. Topics include clinical ethics methodology, medical research with human subjects, privacy and confidentiality, informed consent, patient capacity for decision-making, risk management, refusal of treatment, ethical issues in pediatrics, and forgoing life-sustaining treatment. This course provides a solid foundation for students who in their future employment as chaplains are likely to have responsibility for serving on hospital ethics committees as well as participating in ethics consultations.

Spring Semester

Theology and Practice: Behavioral Sciences.¹⁹ This theory and practice course focuses on the students achieving a basic working knowledge of the work of a major psychologist, psychotherapist, or personality theorist and the ability to apply insights of the theorist to understanding patients presented in verbatim reports. In addition to the textbook,²⁰ students are required to read 250 pages of primary material written by the theorist. The student presents a paper in a seminar on the theorist, addressing not only the theoretical perspective but also its strengths and limitations for chaplaincy.

Group Process. This course is designed to shift the learning toward organizational group dynamics. Students focus on issues of power, collaboration, and decision-making by teams within the clinical context. In addition, students are introduced to Enneagram theory as a way of understanding individuals in groups.²¹

Managing a Department of Spiritual Care. This required course focuses on spiritual care leadership and management of a department of

spiritual care in a health care setting. The course addresses various topics, including developing a scope of practice, theories of performance improvement, hospital finance and budgeting, and human resources. From the perspective of management and in preparation for their own job search, resume preparation and interviewing are introduced. As a team, course members identify and establish a process exploring a potential performance improvement project.

Summer Semester

Theory and Practice: Integration.²² The theory and practice course in the summer is focused on integration of learning from prior semesters. The focal point for integration is preparation for board certification. The verbatim reports in this unit use the format required in the application to the Board of Chaplaincy Certification, Inc., an affiliate of the Association of Professional Chaplains. Board-certified chaplains on our team are part of the teaching staff, in addition to the ACPE certified educator.

Group Process. In addition to a weekly IPR group, the group process course in the summer focuses on group leadership. The theoretical material presented is chosen by the ACPE educator teaching the course but has consistently included theories of group leadership and models for organizational leadership as well as material on understanding family groups and family leadership.

Electives: In order to maintain a full academic load, the summer curriculum is supplemented by a variety of elective courses that may be offered by clinical faculty within the department or faculty from another department within the college. Many students have taken advantage of courses in gerontology or rehabilitation and mental health counseling.

Research.²³ During the residency year, students take the following courses in research taught by a PhD researcher who is a member of our department.²⁴ The courses are Research Basics for Hospital Chaplains, Evidence-Based Inquiry, and Developing and Presenting Chaplaincy Research.²⁵ The goal is to increase research literacy among chaplains and to prepare them to be collaborators with colleagues in other professions. The courses include CITI (Collaborative Institutional Training Initiative) training in research ethics, training in RedCap,²⁶ developing a research question, preparing a literature review, understanding measurement and design, critiquing research articles, and the steps to take in developing a research proj-

ect as well as ways of presenting the findings.²⁷ Beginning in 2018, we have also offered an elective research course in the form of a journal club.²⁸

Table 1. Master of Science Curriculum at Virginia Commonwealth University by Semester

Fall Semester (August-December)	Spring Semester January-April	Summer Semester May-July
PATC 611 – Theory & Practice of Patient Counseling I. Focus: Theology & Spiritual Care	PATC 612 – Theory & Practice of Patient Counseling II. Focus: Behavioral Sciences	PATC 617 – Supervised Clinical Practice I. Focus: Integration & Preparation for Board Certification
PATC 613 – Group Process I. Focus: Group Process & Development	PATC 614 – Group Process II. Focus: Group Process Using Enneagram Theory	PATC 615 – Theory of Group Leadership. Focus: Leadership
PATC 635 – Clinical Ethics. Focus: Ethics Consultations and Services in Health Care	PATC 639 – Spiritual Care Management. Focus: Administration and Leadership	Elective(s) Focus: Special Topics in Health Care Chaplaincy
PATC 640 – Research Basics for Hospital Chaplains	²⁹ PATC 641 – Evidence-Based Inquiry for Hospital Chaplains	PATC 642 – Developing & Presenting Chaplaincy Research

ADVANTAGES AND CHALLENGES

Advantages

There are significant advantages to having a CPE Program in a university setting.

- *Equipment and Technology.* The resources for faculty and students are awe-inspiring. Our classrooms in the Department of Patient Counseling have over \$100,000 in equipment, including computer-based smartboards with Internet access and excellent audio-visual capabilities, distance-learning capability, and support from a strong IT team. In addition, the university provides access to many software programs useful for creative class assignments and methods of sharing.

- *Financial Aid.* Students have access to federal students loans as well as university-supported scholarships.
- *University Resources.* Students have access to all university resources, including student health services, mental health counseling, an extensive university library system, visa assistance for international students, free local public transportation, reduced costs for computers/software/books, access to gyms and to recreational and sporting events, low-cost options for student housing and dining and reduced cost for meals, museums, cultural events, and discounts offered by area retailers.
- *Gifts and Endowments.* Our department has been fortunate to receive significant gifts and endowments, and we have been greatly assisted in this by the College of Health Professions development officers as well as by the Medical College of Virginia Foundation. These endowments have helped to support faculty salaries as well as student scholarships.
- *Access to Courses in Other Departments.* Our CPE students can take elective courses in other departments in both our College of Health Professions and in other schools within the university.
- *The Master of Science Degree.* This degree is important to students who have a master's degree with less than the seventy-two hours required for board certification. In our master of science/CPE program, they can achieve the additional hours needed for board certification while taking their CPE. At other centers, such students would need to do both a residency year and additional graduate work to reach the seventy-two-hour requirement. Even students with a master of divinity degree appreciate that they receive an additional master's degree for their year of CPE, and many seek out our program because of the degree. Offering the master of science degree has not increased the number of laity in our program. But it does offer options to the increasing number of students nationwide who are interested in ministry in specialized settings and who may be seeking alternative degrees to the master of divinity.

Challenges

- *Tuition and Fees.* One major disadvantage is university tuition and fees, which are about \$1,600.00 per semester for in-state students. Other local centers charge far less, including one center that has no tuition. Our fee, although high, is still substantially less than the full university tuition and fees. We were able to negotiate a substantial discount for our students based on their 300 hours of service to the hospital. But, the university's implementation of a new budget model may end up hurting the department. We are fortunate to have received three endowed scholarship funds that, combined with some university tuition assistance funds, allow us to provide partial tuition assistance to students without a sti-

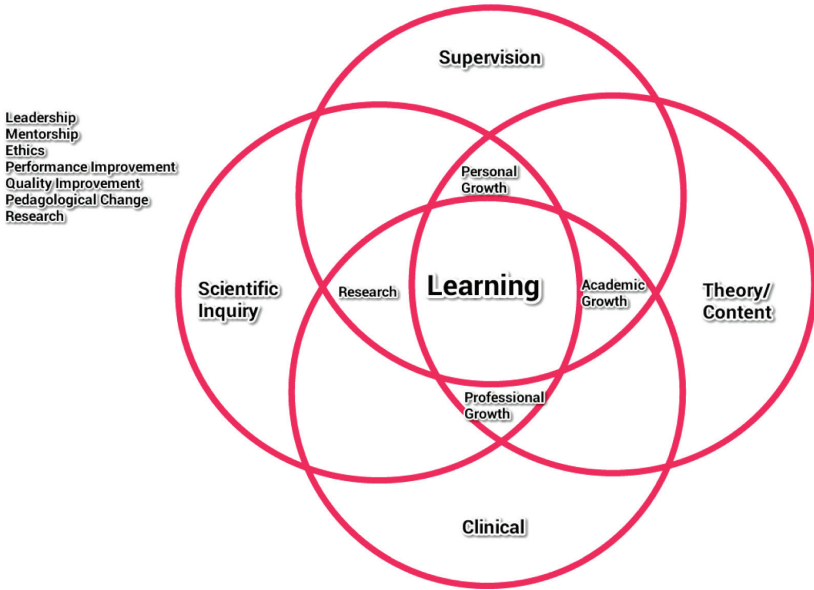
pend. And, our resident stipend is one of the highest in the nation, even after accounting for tuition costs.

- *Negotiating Three Bureaucracies.* Negotiating three bureaucracies—university, health system, and ACPE—is a challenge for students, faculty, and staff. We have a complicated organizational and reporting structure, and learning to navigate it is often difficult, especially for students in their first semester. Our faculty and staff with administrative roles are charged with understanding and maintaining compliance with multiple policies for multiple bureaucracies. The difficulties for those of us with administrative roles are mitigated by excellent support from our dean's office and the office of the chief medical officer in the health system and by our excellent relationships with both HR departments (hospital and university) as well as with VCU legal services. Nevertheless, it is still challenging at times, both in terms of complexity and in terms of workload.
- *Publications and Research.* Each year, our department receives a “report card” from the dean reviewing the scholarly productivity of all faculty members. Finding excellent certified educators who are also gifted in research and scholarship can be a challenge. In hiring, the university prefer those with doctoral degrees, which, although not required, can limit the selection pool.
- *Student Workload.* The expectations of an academic CPE program are high. Students are expected to maintain an eighty-hour two-week work cycle while completing a minimum of ten hours of graduate course work per semester. We try to reduce the stress on students. To protect class time, we cover the hospital with other chaplaincy personnel. During the week when classes are held, there is no overnight duty required. And, students who are on a twelve-hour shift during the weekend are given Monday off as a duty recovery day.

CONCLUSION

The integration of CPE into an academic curriculum in a major research university committed to education and service in health care provides a rich learning environment for both students and certified educators. Our clinical setting—urban, level-one trauma center, and academic medical center—enriches the opportunities for learning. Yet, academic excellence does not come without a cost, and the cost includes higher tuition, increased workload, and the stress of trying to do everything well.

APPENDIX A: LEARNING MODEL FOR CHAPLAINCY TRAINING³⁰



APPENDIX B: CURRICULUM MAP

VCU COURSES ³¹	611 F	612 SP	613 F	614 SP	615 SU	617 SU	635 F	639 SP	640 F	641 642
Level II OUTCOME	Key: F = Fall, SP = Spring, SU = Summer, X = course not offered I = Introduced, R = Reinforced, A = Student Performance (used for university program assessment)									
612.1	I	R	I	R, A	R, A	R, A	X	A	X	X
612.2	I	R, A	R	R	R	R, A	R, A	R	X	R, A
612.3	I	R, A	R	R	R	A	X	X	X	X
612.4	I, R	I, R	R	R	R	A	R, A	R	X	R, A
612.5	I, R	I, R	X	X	A	A	X	A	I	R, A
612.6	I, R	I, R	I, R	R, A	R, A	A	X	R, A	I	R, A
612.7	I	R	I	R, A	A	R, A	X	R, A	X	A
612.8	X	X	X	X	X	I, R, A	X	I, R, A	I, R, A	A
612.9	I	R	I	R, A	A	A	X	R, A	X	X

NOTES

- 1 Our CPE center, Virginia Commonwealth University/VCU Health, is accredited to offer CPE (I/II) and Certified Educator CPE by ACPE: The Standard for Spiritual Care & Education. Virginia Commonwealth University is ranked 157th among national universities by *U. S. News*. "Schools in the National Universities category . . . offer a full range of undergraduate majors, plus master's and doctoral programs" and "are committed to producing groundbreaking research." "National University Rankings," *U.S. News*, <https://www.usnews.com/best-colleges/rankings/national-universities>.
- 2 Although some theological schools offer limited academic credit for CPE as part of the requirements or electives, it is our impression that all also require non-CPE courses, and none will award a master's degree solely for a year of CPE, as does VCU.
- 3 We also offer these CPE/academic programs: a master of science with a concentration in chaplain certification (forty-four credit hours, for those without a prior unit of CPE), a dual degree (master of science/master of divinity) with the Samuel DeWitt Proctor School of Theology at Virginia Union University, and a master of science with a concentration in certified educator CPE. Students taking their first unit of CPE receive both ACPE credit for one unit (CPE Level I) and either a VCU post-baccalaureate graduate certificate or twelve credits toward a master of science if they are in a dual-degree program. Certificate students are then eligible for the accelerated master of science track in chaplain certification should they wish to pursue further CPE. Patient counseling is also a concentration within the PhD program in health-related sciences offered by the College of Health Professions.
- 4 Separation of church and state concerns influenced the name and design of the program in patient counseling.
- 5 VCU has schools of medicine, nursing, dentistry, pharmacy, social work, and a College of Health Professions, of which Patient Counseling is one of nine academic departments. The other eight departments are Gerontology, Health Administration, Nurse Anesthesia, Occupational Therapy, Physical Therapy, Radiation Sciences, and Rehabilitation and Mental Health Counseling. The Virginia Center on Aging is also a part of the College of Health Professions.
- 6 Michael Kurtz. *A Call to Service: The Department of Patient Counseling, Virginia Commonwealth University, 1943–2013* (Richmond: Virginia Commonwealth University, 2018), 7.
- 7 Kurtz, *Call to Service*, 31.
- 8 Letter from Andrew F. Miller (attorney general, Commonwealth of Virginia) to Warren W. Brandt (president, Virginia Commonwealth University), April 29, 1970. Department of Patient Counseling archives, VCU. VCU is accredited by the Southern Association of Colleges and Schools and not by the Association of Theological Schools.
- 9 Roy Woodruff later became executive director of the American Association of Pastoral Counselors.

- 10 Robert B. Lantz made major contributions to overcoming two challenges that had affected our department for many years—finances and the need to have an academic program recognized by VCU. Lantz did his CPE and supervisory training at MCV (now VCU) in 1963–1964. In the early 1990s, Luther Mauney, who succeeded Pat Prest as chair of Patient Counseling, invited Lantz to be chair of the CPE Professional Advisory Group, a position that he held until his death in 2008. In addition to his contributions as chair of the Professional Advisory Group in assisting Tartaglia with the creation of the master of science curriculum, he also planned to endow the position of chair of the department. After his death, his wife Katherine carried out his wishes and endowed the Rev. Robert B. Lantz Chair of Patient Counseling. She also endowed the Katherine I. Lantz Professor of Patient Counseling and the Rev. Robert B. Lantz Endowed Scholarship Fund. In addition, she made a significant financial contribution to our new College of Health Professions building. Her gift allowed her to name our new headquarters “The Rev. Robert B. Lantz Patient Counseling and Clinical Pastoral Education Suite.” For further information on Lantz, see Michael Kurtz, *Rev. Robert B. Lantz—A Transformative Life* (CreateSpace Independent Publishing Platform, 2012).
- 11 Alexander F. Tartaglia and Russell H. Davis, “Integrating CPE into a Master of Science Degree Program at a Major Research University,” workshop presentation at the ACPE Annual Conference, Minneapolis, Minnesota, May 5, 2017, PowerPoint, p. 10.
- 12 See our curriculum map (appendix B).
- 13 VCU requires a minimum of thirty credits for a master of science degree. The decision was made to have a forty-four credit hour degree for those without prior CPE (which would allow them to take four units of CPE) and a thirty credit hour accelerated degree for those with a prior unit of CPE, which would provide them with three additional units of CPE.
- 14 In another article, we plan to present our methods of assessment of student learning. We are of the opinion that student-generated reports, taken alone, are not sufficient as a tool for evaluating student achievement of CPE outcomes.
- 15 A Venn diagram depicts the learning model that guides the curriculum design and learning theory. See appendix A: Learning Model for Chaplaincy Training.
- 16 The theory and practice courses (fall, spring, summer) incorporate traditional CPE methods and elements (didactic seminars, verbatim presentations, learning contracts, clinical practice, reflection papers, individual supervision, and end-of-unit self-evaluations).
- 17 We allow students to select a philosopher because some of our students come from nontheistic traditions (such as humanists and members of certain Buddhist groups) and some come from religious traditions for which the word theology is not indigentous to their religious culture.
- 18 Marianne Corey et al., *Groups: Process and Practice*, 10th ed. (Belmont, CA: Cengage Learning, 2017).
- 19 The theory and practice courses (fall, spring, summer) incorporate traditional CPE methods and elements (didactic seminars, verbatim presentations, learning contracts, clinical practice, reflection papers, individual supervision, and end-of-unit self-evaluations).

- 20 Gerald Corey, *Theory and Practice of Counseling and Psychotherapy*, 10th ed. (Belmont, CA: Cengage Learning, 2016).
- 21 The textbook used is Don Riso and Ross Hudson, *The Wisdom of the Enneagram: The Complete Guide to Psychological and Spiritual Growth for the Nine Personality Types* (New York: Bantam, 1999).
- 22 The actual VCU course title is Supervised Clinical Practice I. The structure of the course is almost identical to the Theory and Practice courses taught in the fall and spring semesters.
- 23 Until 2013, students could take six credits of electives. Introduction to research was originally included in other course work, but our commitment to expanding research literacy led to the addition of three required one-hour courses in research, thus reducing the number of electives students can take.
- 24 This researcher is currently Diane Dodd-McCue (plus other research-oriented faculty).
- 25 These courses are not always taught in the same semester each year.
- 26 RedCap is an online software program for conducting surveys and managing databases.
- 27 Students have conducted research projects on clinical units assigned to them. Projects have included an exploration of unit culture and a survey of attitudes of unit staff toward chaplains. Research findings have been presented as posters at the Emswiller Interprofessional Symposium, a VCU-sponsored statewide event that promotes inter-professional collaboration. We have also held a research forum to which hospital team members were invited in order to talk with students about their unit-based research findings and view their poster presentations.
- 28 The journal club was made possible by a curriculum grant from the Templeton Foundation.
- 29 The three research courses are one credit hour each. In some years, two courses are taught in one semester, leaving the summer open. The summer semester is shorter than other semesters, and students benefit from a slightly reduced course load.
- 30 This figure was previously published in Alexander Tartaglia, "Reflections on the Development and Future of Chaplaincy Education," *Journal of Reflective Practice* 35 (Spring 2015): 116–23.
- 31 See table 1 for course titles.