

Towards Transnational Competence — Globalization in the Training of Clinical Laboratory Scientists through the Transatlantic Health Science Consortium

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Over the past decade there has been a rethinking of the importance of international education. Students having opportunities to study-abroad will have advantages in career opportunities compared to their domestic counterparts because the international experience provides ‘added value’ to the standard curriculum. To demonstrate that an interna-

tional experience will improve cultural and work competence, the Transatlantic Health Science Consortium (THSC) was formed in 2003. It consists of four American universities: Kentucky, Alabama, Kansas, and Puerto Rico, linked to four European institutions. Its mission is to facilitate international exchanges of clinical laboratory science (CLS) students, thus providing opportunities for students to earn academic credit and gain practicum experience at the foreign site, in addition to learning how the CLS profession is practiced in another healthcare system. This paper reports on the progress made to date on how CLS/biomedical science students have performed in terms of their academics and practicum components of the program. The goal of the THSC is to provide opportunities for American students to study CLS in a comparable European program, and vice versa, as if they would in their home institution. This program may serve as a model for the globalization of the biomedical workforce of the future.

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CORRECTION

“Advances in Understanding the Biology and Genetics of Acute Myelocytic Leukemia” and “Chronic Myelocytic Leukemia-Part I: History, Clinical Presentation, and Molecular Biology”

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Dear *Clin Lab Sci* Editor,

It has come to our attention that an error was identified in each of two articles published in the Winter 2005 issue of *Clin Lab Sci* (Volume 18/Number 1). The first error was in the article titled, “Advances in Understanding the Biology and Genetics of Acute Myelocytic Leukemia”. On page 32 under the Class II Mutations section, the locations of the AML1 and ETO genes were transposed. The erroneous sentence reads, “In t(8;21), one of the most frequent genetic mutations in AML, the AML1 gene on chromosome 8 is fused to the ETO gene (also called MTG8 or CBF2T1) on chromosome 21”. In fact, the AML gene is found on chromosome 21 and the ETO gene is found on chromosome 8.

The second error appears in the article titled “Chronic Myelocytic Leukemia-Part I: History, Clinical Presentation, and Molecular Biology”. On page 38 in the data synthesis section of the abstract on lines 12 and 13, the locations of the BCR and ABL genes were transposed. The two lines read, “...involving the BCR gene from chromosome 9 and the ABL protooncogene from chromosome 22.” The phrase should read, “...involving the BCR gene from chromosome 22 and the ABL protooncogene from chromosome 9.” The remainder of the article consistently cites the correct locations of the BCR and ABL genes.

We apologize for these unfortunate and regrettable oversights.

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