Author’s response to reviews

**Title:** Complementary and Conventional Medicine: Concept Mapping with an Expert Panel

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**Version:** 3  **Date:** 13 Nov 2003

PDF covering letter
November 13, 2003

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RE: Complementary and Conventional Medicine: A Concept Map (ID - 1136203086213410)

Dear Emma Veitch:

First, let me thank you for extending the timeline for revising and resubmitting this manuscript. My grandson had his eighth eye surgery last Monday and is doing ok. He was born extremely premature (24 weeks). He will be 3 years old soon, but is blind from retinopathy of prematurity and has lung problems. The doctor had to remove the left eye. It never grew and he was getting numerous eye infections. Again, thank you for your assistance.

I am sending a revision of the above-listed manuscript for your re-evaluation. We have attempted to respond to all of the reviewer's concerns, as detailed below. In order to address the reviewer's request for clarification of the paper's focus, the manuscript has been reorganized and some components rewritten to a substantial degree. Our specific replies follow.

Minor Compulsory Revisions:

1. The abstract now contains an objective. The concept mapping method is now discussed first, followed by data collection. The clusters are listed rather than interpretation of the results.
2. Panelists are now referred to as "practitioners" or "providers" in the context of their overall identities, and "panelists" in the context of describing their role in the study. "Viewpoints" has been changed to "Backgrounds," as the reviewer suggested.
3. Figures 1 and 2 now contain cluster numbers as suggested. Figure 1 is positioned such that it shows the way items get distributed in multi-dimensional scaling, then clustered by analysis; therefore, numbers had to be placed outside the clusters. Figure 1 now comes before Figure 2 in the text.

Major Compulsory Revisions:

1. The goal of this paper is about the concept mapping process itself. We have included an objective as the reviewer suggested, and are consistent in writing about this objective throughout the paper. We have also revised the Introduction such that the 3 Phases of the original study are mentioned very briefly. The point of the concept mapping process is to guide the construction of a CAM survey for use with military veterans NOT to discuss patterns of use. We apologize for this confusion and appreciate the reviewer's recommendations, which have all served to clarify the intent of this paper. The concept mapping process is useful for abstract concepts, and the process provided eight conceptual domains as heuristic devices that can be applied to the construction of a CAM survey.
2. We fully concur with the reviewer regarding the Methods section. It should only cover concept mapping methods. In the revised paper, we have taken the reviewer's advice and restructured the Introduction such that it describes the 12 focus groups (which did have distinct objectives, but some statements from the groups were included in the concept mapping study).

Prior to addressing comments 3 and 4, we want to mention that our original presentation of the findings certainly is not the conventional one that is typically presented. In this paper's case, however, given the nature of applying concept mapping in a novel way in order elicit perspectives from two different groups of providers, there is no one right way to do this. We believe that as long as all of the information needed by
the reader is included somewhere, we feel that there is no reason our approach is not acceptable. Hence, we believe that Major Compulsory Revisions 3 and 4 are essentially stylistic preferences rather than content objections. We believe that our original approach is equally legitimate and just as readable. That being said, we will continue with responses to these revisions.

3. Again, we have taken the reviewer’s recommendation and included a full paragraph on concept mapping in the Introduction. The paragraph defines the procedure and identifies the relevant aspects of the method and its uses prior to citing the objective of the paper. Much of the succinct description was moved from Methods to Introduction. Methods has been revised to describe participants and their recruitment, details regarding data collection, an expanded section on data analysis, structure of the maps (Figures 1 and 2 are now in the Methods section), and means by which the map is interpreted.

4. The Results have been shortened considerably and include only results. Much of what was in this section in the original paper belonged in either Methods or Discussion. The first paragraph of Results provides information on the number of clusters, cluster labels, and bridging values. The remainder of the Results includes a description of each of the eight conceptual domains that resulted from the process. Each concept has its own heading and cluster number for reader ease.

5. The Discussion has been revised considerably. The extensive section on variations across map dimensions in the original Results section is, in actuality, Discussion of the findings. These variations are actually heuristics for future development of a CAM survey. The opening paragraph of the Discussion now indicates that a common strategy for discussing and interpreting findings from concept maps is to look at variation along the X and Y axes. We have also incorporated headings within the discussion to include information about ‘non-clustering themes,’ ‘application of findings to CAM survey development,’ ‘limitations,’ and a ‘summary’ statement regarding the applicability of findings to survey construction. Discussion now includes information on potential validity, reliability, and generalizability based on the application of concept mapping methods to survey construction.

6. Defining and describing CAM was not within the scope of this study, nor was it the focus of the original research project. It did not appear as a major cluster because the statement used for the brainstorming component of the concept mapping process was a request from conventional and CAM providers to list things that should be included on a survey of CAM to be used with U.S. military veterans. In order to elicit definitions of CAM from these providers using the concept mapping process, the brainstorming statement would have to read something like, “One way in which I would define CAM is…“. Again, this was not the focus of this concept mapping process or this paper. This is an important key question, however, and the CAM survey to be developed will include guidelines set forth by the NIH National Center on Complementary and Alternative Medicine (e.g., alternative systems, such as ayurvedic medicine, energy based modalities, mind-body, and so forth), and listings for ways in which respondents personally define CAM (a qualitative write-in component).

We want to thank the reviewer(s) very much for their diligence and extremely helpful comments. We believe that the revisions make this a much more readable study. We are open to any further revisions, if necessary, to finalize this paper for acceptance.

Sincerely,

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