

Editor—We read Lambert Schuwirth’s article ‘When I say . . . dual-processing theory’<sup>1</sup> with great interest. We commend his concise and straightforward explanation of the essential elements of a model that has been widely embraced. It is extensively used to support the teaching and learning of clinical reasoning, and this contribution will help others to engage with this difficult subject.

However, we are concerned by Schuwirth’s final paragraph and contest his assertion of the superiority of narrative for the teaching and learning of non-analytic clinical reasoning. It may be or it may not be, but this is a hypothesis that needs to be tested.

We hope that the intention of this article<sup>1</sup> is to stimulate debate and research, rather than to cement another orthodoxy. Given the centrality of clinical reasoning to our daily practice, we need to know whether and how we can maximise our students’ and trainees’ learning and minimise the harms that can result from flawed thinking in the clinical setting. We need evidence that refines our understanding of the learning and teaching.

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#### Reference

1 Schuwirth L. When I say . . . dualprocessing theory. *Med Educ* 2017; 51(9):888–9