

I'm Glad You Checked

Dominika Jegen, MD, MA

AUTHOR AFFILIATION:

Mayo Clinic College of Medicine and Science; Mayo Clinic Academy of Educational Excellence, Rochester, MN

CORRESPONDING AUTHOR:

Dominika Jegen, Mayo Clinic College of Medicine and Science, Mayo Clinic Academy of Educational Excellence, Rochester, MN,
Dominika@mayo.edu

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Recently, a patient asked me whether a common health supplement could help induce labor. I did not know the answer.

Ten years ago, I might have felt pressured to respond immediately. I might have searched my memory for something that sounded reasonable and delivered it with confidence. Early in my career, I believed expertise meant having answers. Uncertainty felt like a weakness to conceal rather than an inevitable part of practice.

Instead of answering, I turned my computer screen toward the patient and opened UpToDate. Together, we reviewed the evidence.

The patient smiled. “I'm glad you checked,” she said.

The encounter had happened only a few days earlier, yet I found myself returning to it repeatedly because it crystallized a lesson that had been taking shape throughout my first decade in family medicine.

When I completed residency, I worried constantly about what I did not know. Every unfamiliar diagnosis, unexpected question, or clinical uncertainty felt like a personal failure. I assumed experienced physicians carried vast stores of knowledge that allowed them to answer nearly every question immediately. When I could not, I wondered whether I was falling short. Practice gradually changed that belief.

Medicine is too large, too complex, and too dynamic for any physician to master completely. New studies appear daily. Guidelines evolve. Patients bring questions shaped by experiences, cultures, internet searches, and circumstances that rarely fit neatly into textbooks. The longer I practiced, the more I realized that uncertainty is not evidence of incompetence. It is an unavoidable feature of caring for complex, imperfect, and dynamic human beings.

With each year in practice, encounters like this gradually reshaped my understanding of what it means to be a competent physician. I gradually became comfortable saying three words that once felt uncomfortable: “I don't know.” The sentence is usually followed by another: “Let's find out.”

What surprised me was not my own reaction; it was my patients'. I expected disappointment. Instead, I often encountered relief.

Patients are rarely troubled when I acknowledge uncertainty. More often, they are reassured that I am taking their question seriously enough to seek the best available answer. They value honesty more than certainty.

The patient who asked about the supplement certainly did. Her response was brief, but it stayed with me: “I'm glad you checked.”

The statement carried an important truth. She had not come to me expecting perfection. She had come looking for guidance. What mattered was not whether I immediately knew the answer. What mattered was that I was willing to look for it carefully and openly.

That realization changed how I think about expertise. As physicians, we spend years acquiring knowledge. We study relentlessly throughout training and continue learning throughout our careers. Knowledge remains essential. I still read daily. I still consult physical anatomy textbooks. I still discover how much I do not know.

But experience has taught me that expertise is not defined by possessing every answer. Expertise is recognizing the limits of one's knowledge. It is knowing when to pause, when to question assumptions, and when to seek better evidence. It is remaining curious rather than defensive in the face of uncertainty.

Most importantly, expertise is being honest enough to let patients see that process. By turning the computer screen toward my patient, I invited her into it. The encounter became less about finding an answer and more about finding it together.

We reviewed the information side by side. We discussed the quality of the evidence and how it applied to her situation. Rather than diminishing trust, the process strengthened it.

Over the years, I have come to realize that patients are remarkably perceptive. They know when a physician is guessing. They know when a physician is listening. And they know when a physician genuinely cares enough to find the right answer.

The confidence I sought early in my career looked very different from the confidence I value today. I once thought confidence meant answering quickly. Now I think confidence means being comfortable enough to say, “I don't know.”

Ten years after residency, I am far more aware of the limits of my knowledge than I was when I first entered practice. Rather than diminishing my confidence, that awareness has made me a better physician.

The patient who asked about the supplement has probably long since forgotten our conversation. I suspect she remembers only that we found an answer. I remember the lesson. The lesson was never really about labor induction. It was about the kind of physician I wanted to become.

CONFLICTS OF INTEREST

The author declares no conflicts of interest.

PATIENT CONFIDENTIALITY STATEMENT

This narrative essay describes clinical experiences that have been modified as necessary to protect patient confidentiality and comply with Health Insurance Portability and Accountability Act requirements. No identifiable patient information is included.

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