

## eAPPENDIX. Illustrative Qualitative Quotes

Key finding	Subfinding	Quote and timepoint
Critiques of the transition's management	Not enough time to prepare for the EHR transition	"[I] literally just found out that we were supposed to be doing [a task] a week ago. So, [if] my tone is a little frustrated it's because the communication for this whole process has been horrible ... nobody is communicating anything to us, what we're supposed to be doing." (pretransition)
	Key workflow and onboarding decisions were still unresolved weeks before the EHR transition	"I didn't know what my facility specifically required in my workflow or documentation." (pretransition)
Concerns with EHR training	Some service lines did not reduce clinician patient loads sufficiently prior to the transition	"[We] truly haven't seen a reduction in the amount of patients ... I can't just log on for 15 minutes and try to learn something. It would've been more beneficial to say we're just going to have you see morning patients and have the afternoon to sit and learn." (pretransition)
	Users felt the EHR training failed to teach tasks relevant for their work role	"It wasn't even something I would use because it was showing me how to go into a patient's record and how to look for demographics ... that had nothing to do with my job. It was a waste." (pretransition)
	Users felt the EHR training failed to teach tasks relevant for their work role	"We didn't get actual training of how to do admissions, like on a dummy patient ... or how to do discharges." (posttransition)
	Poor and unengaging instruction	"It's impossible to pay attention ... It's lagging and the person is just going on and on. Who could possibly listen to that, even if you're truly interested?" (pretransition)
Hopes about the EHR transition	Dissatisfaction with the practice EHR	"If you didn't click [the button] in the exact right area, it wouldn't count it as correct. There are many tasks that we are going to be expected to do that we cannot practice because the test system is not functional ... the admission, writing notes and orders ... creating order sets, discharging." (pretransition)
	Users hoped the EHR transition would be a temporary disruption	"For now, it won't be a super fun transition, but one day, it'll be worth it. Just learning a new computer system, like learning a new language ... it's part of the process." (pretransition)
	Users hoped the EHR transition would be a temporary disruption	"We always need to do hands on [work] more in order to become more fluent, so I will see how [it] will be, but I think it will be a smooth transition." (pretransition)
	Participants expected to pick up the new EHR quickly	"I don't even have a lot of anxiety about it. I know I'm going to figure it out. I just anticipate the first couple of weeks being a learning curve and then it'll be okay." (pretransition)
HPTs Considered at-the-elbow support essential	Participants hoped the new EHR would be a better option in the long run	"I'm looking forward to the centralization of a lot of systems that we currently use, like the message centers, the after-visit summary." (pretransition)
	NESSU staff was highly valued	"I love NESSU. The people are so nice, and they have 2 blocks every single day this past month [for] things that people had questions on ... the first one was hospital-wide ... then the second would be [service line]-specific." (pretransition)
	NESSU staff was highly valued	"I really appreciate the NESSU [staff] ... We have a group chat that we all answer questions in or ask and get questions answered in. So, I feel like the support system has been the best." (posttransition)
	NESSU staff was accessible	"People responded quickly if they knew the answer. I think there wasn't any time where I had to wait any longer than 5 [or] 10 minutes." (posttransition)
HPTs adjusted to and later preferred the new EHR	Facility support knew role EHR needs	"I think it was quite helpful overall [because] [supervisor] knows the system ... [they covered] specific things for [our] roles ... to chart review, admit a patient, all those processes." (pretransition)
	The EHR learning experience was short but intense	"The initial 3 days were kind of rough because we all were learning and there were a lot of new changes. But [after] it was pretty smooth." (posttransition)
	The EHR learning experience was short but intense	"It was stressful in the beginning. But now that I have a handle and grip on it, using it with actual patients ... it's second nature, part of my routine." (posttransition)
The transition impacted clinical training, but not overall career plans for HPTs	The EHR learning experience was short but intense	"For the most part, it's a cleaner, more cohesive medical record. I've been satisfied with the access and integration. It's made it easier for most patients to be able to see outside results." (posttransition)
	The EHR transition impacted HPT clinical training	"[My preceptor] said if he knew how much Cerner he had to do in the beginning, he wouldn't have taken on a student but I think overall I'm still learning as much as I could without him being here all the time." (pretransition)
	The EHR training was a unique learning experience	"I think that [clinical training] has been impacted. But I also think it's a really unique experience for us as residents to go through. Because whether we all [stay or leave] ... it's a valuable learning experience." (posttransition)
	The EHR transition did not eliminate core VA experiences	"I'll be in the VA for a very long time. I love the VA. I love the patients. I wouldn't leave just because of [the EHRs]. I'm not going anywhere." (posttransition)