

Supplementary Appendix B: The UNITED codebook was created using the streamlined codes to theory model for qualitative inquiry. 98 codes were identified, with the top 19 codes identified 6 or more times from the students' 15 written reflection papers.

<i>Codes</i>	Number of occurrences
positive experience with ED care, patient stories	11
challenging preconceived notions	9
fragmented care, ED as gateway to healthcare access, insurance does not equal access, patient concerns with waiting room time, positive experience with UNITED	7
system complexity, poor communication amongst medical team members, value of insurance, support system, family, online, community, peer, surprised, frustration, stated specific future goals given experience, experiential learning	6
navigating complicated health care system, negative patient-physician interaction, happy	5
reliance on specialty care, ED overcrowding, multiple consulting teams, financial harm to patient, patient expectations, patient satisfaction impacted by things outside physician's control, sad, reflection on personal experience, motivation/personal dedication to improve the system	4
variation in care amongst health systems, physician referred patient to ED, transfer for acute care, social assistance to patient, system limiting patient's healthcare options, economic based health care decisions, shopping for care, patient's perceived impact of being insured or uninsured, health literacy impact on care, social determinants of health, transportation problems, substance abuse, patient loyalty to a provider or institution, medical jargon, shocked, value of health system science education, non-clinical experience	3
delayed follow up, geographic disruption in care, geographic variability in care, variation in care amongst providers, physical limitation of ED workspace, limited time for patient physician interaction, financial assistance to patient, fragmented system requires self-efficacy, patient perception that more care is better, mental illness, impact of poverty on health, homelessness, burden of illness, treating patients with respect, patient felt they're not listened to, importance of language, lack of interpreters, language as a barrier to care, positive customer service, lack of privacy, hope, helpless, disappointed, meaningful experience in short time frame	2
variation in care based on acuity, business of emergency department, valuing ED as a component of the healthcare system, patient's perspective of HSS limited/patient seen only at UCDHS, information lost in transfer of care, lack of access to mental health providers, pharmacy role in healthcare delivery, system limiting self-efficacy, access equals peace of mind, support PPACA, oppose PPACA, delay in care due to insurance, EHR increases efficiency, EHR does not meet expectations, patient perception that access to care trumps technology, provider preference placed above patient needs, healthcare system as a sanctuary from home environment, drug/alcohol detox, housing, medical error, interaction with provider impacts perceived quality of care, hopeless, fulfilling, anger, terrified, cheerful, exciting, depressing, personal vs professional exposure	1