Conclusions: EM residents had improvement in wellness, energy, and sleep after implementing a team exercise competition. A majority of participants felt this competition encouraged an increase in their exercise and stated they would participate again. Limitations include confounding variables impacting wellness such as changing weather or rotations, low survey response rate, and survey type.

	P-Value	Percentage Change
Wellbeing	0.026*	+ 25%*
Stress	0.231	+ 23%
Energy	0.014*	+ 36%*
Mood	0.251	+ 16%
Sleep	0.025*	+ 33%*
Confidence	0.143	+ 20%

Figure 2.

34 Intern Orientation Rotations in US Emergency Medicine Residency Programs: Statistics and Trends

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Background: A dedicated orientation rotation in emergency medicine residency programs (EMRPs) appears to be common and unique to the specialty. The Accreditation Council for Graduate Medical Education (ACGME) does not require a dedicated rotation, though they are commonplace and have similar structures - consisting of dedicated time to complete hospital required competency courses, procedural competency and clinical educational sessions with faculty, and an initial assigned rotation in the resident's specialty of choice.

Objective: To quantify the prevalence of a dedicated orientation rotation in US EMRPs and evaluate associated program characteristics.

Methods: A list of all ACGME accredited EMRPs in the 2022-2023 match was obtained and reviewed by two independent reviewers. These individuals documented per program website: orientation rotation status, program location, years with ACGME accreditation, number of residents per year, length of program, and academic affiliation. A third reviewer was utilized when reviewers did not agree or data was limited.

Results: Of the 276 reviewed EMRPs, 58% had an orientation rotation. Program characteristics by orientation rotation status are presented in Table. Analyses revealed programs with more residents per class had a higher rate of having an orientation rotation (Figure). Model failed to show an association between an orientation rotation and program length, location in a metropolitan area (i.e., > 1 million), and academic affiliation.

Conclusions: In this study we examine several program characteristics and their association with the presence of a dedicated orientation rotation for new residents. It was found more than half of programs nationally had the rotation. Programs that had more residents per class were more likely to have a dedicated orientation rotation. There was no association between a program having the rotation and length of the program, academic affiliation, or population base.

Table. Program characteristics for accredited emergency medicine residency program located in the United States stratified by dedicated orientation rotation, n=276.

	Orientation Rotation[3]	
Program Characteristic	**Required (n=158)**	**Not Required (n=115)**
Length of Program[1]		
3 years	127 (80%)	94(82%)
4 years	31 (20%)	21 (18%)
Median number of residents per class[2]	12 (IQR: 8, 14)	9 (IQR: 7, 12)
Years Accredited with ACGME		
</=5	37 (23%)	50 (44%)
6 – 10	17 (11%)	15 (13%)
11-15	13 (8%)	7 (6%)
> 15	91 (58%)	43 (37%)
Academic Affiliation[1]	91(67%)	62(54%)
Metropolitan area		
> 1 million people	121 (85%)	74 (57%)
> 2 million people	101 (64%)	61 (53%)

Superscripts represent number of programs with this data element not documented on webpage.
IQR: interquartile range.

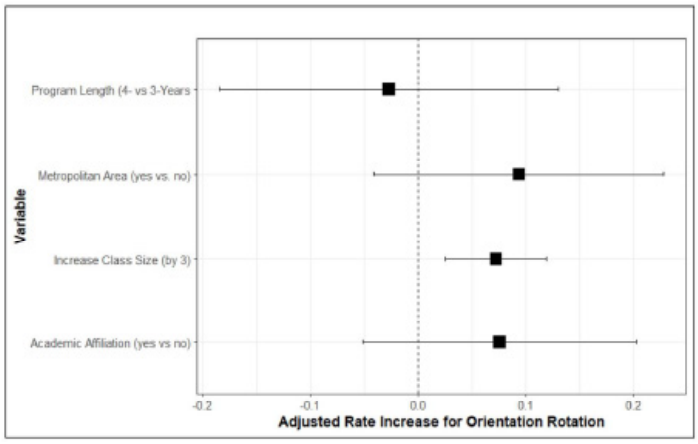

Figure. Adjusted rate increase for having dedicated orientation rotation (58%) in accredited emergency medicine residency programs in the United States. Modeling included 266 of the 276 eligible programs-given completeness of available information on respective webpages. The number of residents estimate was based on increasing class size by an increment of three-model exlcuded variable of years accredited due to it only serving as a proxy to age of program.