An interview with Alex Rosenau, DO, CPE, FACEP
President, American College of Emergency Physicians

as a young doctor and scholarship recipient from the National Health Service Corps, Alex Rosenau fulfilled his scholarship obligation by practicing primary care for three years in Sullivan County, PA. This rural county in the Appalachian Mountains had just a few thousand residents, a BLS-only ambulance service, with no other physicians living locally and no hospital. Rosenau’s experiences in rural emergency medicine in Pennsylvania, including a U.S. Public Health Service Achievement Medal, led him to pursue an emergency medicine residency at Botsford Hospital in Farmington Hills, Mich. “We brought a new level of care to Sullivan County, which inspired me to dedicate my career to emergency medicine,” he says. In 1987, Rosenau became an emergency medicine physician at Lehigh Valley Health Network in Allentown, Pa. He went on to become the founding program director of the emergency medicine residency program and today is the health network’s senior vice chair of emergency medicine.

Rosenau has also remained involved in EMS, serving as director of Lehigh Valley Health Network’s Paramedic Institute and medical director for the City of Allentown Paramedics for several years. For the past two decades, he’s been co-medical director of the Eastern EMS Council, which covers six Pennsylvania counties.

Q: WHY IS IT IMPORTANT TO CELEBRATE EMTS AND PARAMEDICS?

EMS is right there on the front lines, treating people where they work, live and play. Often they are there to relieve pain and anxiety; sometimes those interactions are lifesaving. My own family has benefitted from EMS, when a relative had a blood sugar level of 20. I had no equipment with me so took an injection of glucose, and he became his normal self again. The treatment was lifesaving.

Q: IT’S THE 40TH ANNIVERSARY OF EMS WEEK. HOW HAVE THE ROLES OF EMTS AND PARAMEDICS EVOLVED SINCE 1974?

EMS has become more and more important to the coordinated treatment of trauma, and getting patients to predesignated trauma centers quickly. EMS is critical to the chain of survival for sudden cardiac arrest. We’ve given medics more resources, a wider variety of medications, increasingly better training and we are even looking forward to a future where they may be participating in some outpatient care in medical surveillance for things like congestive heart failure. By providing definitive patient care in the field, EMS improves our ability in the emergency department to extend care to where it’s needed.

Q: WHAT MAKES A GREAT MEDICAL DIRECTOR?

Being a board-certified emergency physician, if at all possible; interest and experience in EMS; and dedication to the prehospital environment, which is very unique. A medical director who is interested in EMS, who develops a relationship with their unit, works with their unit and trains with their unit will be the most effective. The new American Board of Emergency Medicine EMS Subspecialty certification for EMS medical directors takes this to the next level.

Q: WHAT TYPES OF CANDIDATES DO WE NEED TO ATTRACT TO EMS TO HELP IT THRIVE?

We want people who like people. We want people who are interested in education and learning, and people who enjoy taking action. They need to have high ethics and standards. Those who go into emergency medicine — physicians, nurses and medics — have to enjoy the quick pace of making rapid-fire decisions that make a difference.

EMS involves training and preparation for unexpected situations. You have to keep your skills fresh, be flexible and be collaborative with your fellow medics, other healthcare providers, physicians and the families you interact with.

Q: HOW DOES YOUR HOSPITAL CELEBRATE EMS WEEK?

The six or seven hospitals in our area each participate in events that are coordinated through the EMS Council. One of the highlights is a lecture that’s attended by hundreds of medics. One year Chesley Sullenberger, the pilot who landed the plane on the Hudson, spoke. We’ve also had Co-milla Sasson, the doctor in charge of the University of Colorado Hospital emergency department that took the first 22 victims of the Aurora movie theater shooting. We try to bring in people who have been involved in a prehospital emergency. We want to inspire medics to continue their work, to continue their education, and to be self-reflective about the important work they do.

Q: WHAT MESSAGE DOES THE PUBLIC NEED TO HEAR ABOUT EMS IN GENERAL?

EMS is there 24-7, 365 days a year. They are part of your safety net. They are well trained. They carry specific medications, have specific skills and they can take care of you for the immediate emergency. They can get you to the right hospital at the right time where you can get definitive care.

Q: WHAT DO YOU THINK ARE THE MAJOR PRACTICE CHALLENGES FOR PARAMEDICS TODAY?

One of the major challenges is the growing tendency to rely on telemedicine to triage patients. It is a great tool to help those who are distressed, but we feel the personal touch is important. We also have to deal with the challenges of the opioid epidemic. We have to take care of ourselves. The nature of the work can be very stressful.

Q: WHAT IS THE FUTURE OF EMERGENCY MEDICINE?

The future of emergency medicine includes more education and training. We need to ensure that our medics are well prepared to handle unexpected situations. We also need to continue to develop new technologies and treatments to provide the best care possible. The field is constantly evolving, and we must stay up-to-date with the latest advancements in order to provide the best care for our patients.