



I have purposely not been flooding your inboxes since all of us are getting multiple messages a day from the ADA, WSDA, AAO, and PCSO. They are providing solid factual information which I fully support but won't take your time by just repeating what they are providing.

My last message was sent on March 20th and the first part of that message related to **our board's plans in response to the Governor's proclamation on March 19th**. We are continuing to monitor the overall situation and have been in close communication with the WSDA legislative staff and their insight and assistance has been invaluable. Like everyone, we hope to see a "flattening of the curve" of new Covid-19 infections and if the public health situation appears to be improving we will work to encourage reconsideration of the firm end point of May 18th for the ban on non-emergent dental treatment of all types. We have continued to maintain communication with various contacts in state government and regulatory bodies and will continue vigilance. As an aside I must mention State Representative Michelle Caldier who, as most of you know is also a dentist. She has been of indescribable assistance in being our information conduit for happenings in state government as well as an avenue where we can provide feedback that could be of help in making sure that governmental bodies are aware of the impact of these decisions on our practices, our team members, our patients and our communities. As well as my role in this as President we have a three person team on the board (Michelle Neal, Corwyn Hopke and Sepi Torkan) that focuses unbelievable time and energy on all issues related to intersection with government.

Secondly, in the second half of my message of March 20th I touched on the **critical shortages of PPE in many hospitals in the State of Washington**. I included a document that outlined the process for dropping off donated PPE, particularly masks of all types. I have information that many of the offices of WSSO members have stepped up to help their community. Some supplies of masks from the federal government are now getting through to some of the larger hospital systems but my understanding is that some of the smaller community hospitals are still facing shortages. If you are in a position to help I encourage you to help your community.

This is the link for the list of hospitals in need and donation instructions

<https://www.wsha.org/for-patients/coronavirus/ppe/>

There are a couple other things that are on my mind that I wanted to share. A couple days ago I had a telephone conversation with Harlyn Susarla who is the current president of the Washington State Society of Pediatric Dentistry. We talked about all of the current

developments regarding Covid-19 and the impact of the Governor's proclamation on our specialties. Our conversation centered around a lot of factual issues but gradually we drifted to more of the emotional impact of all of this on our respective memberships. Frankly, the nature of both Orthodontics and Pediatric Dentistry is that these specialty practices are very socially dynamic by nature. I well remember just sitting back in my practice and listening to what I called "the music of the office" which was a bubbling dynamic of social interchange with a great mix of team members, patients, parents and anyone else that could be drawn into the conversation. Our specialties attract individuals who are "**people persons**". I encourage all of you as well as our Pediatric Dental colleagues to recognize the fact that we don't do well being cut off from this dynamic. To counter this **I encourage you to connect with your colleagues as much as you can**. In the interests of public safety we can't meet face to face but we have phone calls, Skype, Face Time, What's App and other avenues that are certainly much better than not maintaining our social connections. In fact, yesterday through the use of these tools I had a chance to see my 20 month old grandson learn a lesson about how rubber boots work and if you put the garden hose inside a rubber boot it doesn't keep your foot dry. It would have been nice to be there but it was great to share the moment even through technology. **Don't cut yourself off from either your personal or professional world**.

Given the restrictions on our professional practices we may have some extra time on our hands. On January 3rd we sent a message to our members about the **Washington State mandatory training requirements** to maintain your dental license. I will just refresh your mind about this at this time since it may be efficient to take care of this now rather than having to spend time on these courses when you are incredibly busy trying to catch up to your practice once we are back to our usual professional activities.

I am pasting in the information about the two on line tests that are required for orthodontists.

Here is the link to the **Jurisprudence Test**, required now once every 3 years for licensure in WA. It is free and takes about 45 minutes. All info you need to pass is in the examination links. Have fun!

<https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Dentist/ApplicationsandForms/DentalJurisprudenceExamination>

Here is the link to a CE **Suicide Prevention** presentation, we need the 3 hour course which is \$49. This is quite well done and we think you'll feel it is worth your time.

<https://www.apsafe.uw.edu/video>

A last rather sensitive thought regarding the Governor's proclamation about banning non emergent treatment in any dental practice. There may be some of you who given the pressures of maintaining a practice and care for your patients may have considered stretching the definition of what is an emergency. If you are tempted to do this I encourage you to consider the potential long term implications of this. First, continuing to provide non emergent care could open you to questions about violation of state law since the governor's proclamation has the force of law. Secondly, my personal suspicion would be

that a practitioner in this position may not be covered by his or her malpractice carrier in the instance of some unfortunate occurrence.

In closing, this is a unique time for all of us. Keep up the faith that we will get through this and eventually get back to normal life. Please do everything you can do to stay healthy and our best hopes are for the well bring of you, your family, your team and your patients.

Bryan Williams
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