

Healing Off the Clock

Art, Poetry and Essay Contest 2025



**Spokane County
Medical Society**



Healing Off the Clock

Art, Poetry and Essay Contest 2025

The Spokane County Medical Society's (SCMS) Medical Education Committee hosted its fifth annual arts and humanities contest in a continuing effort to help promote wellness and social wellbeing among our Spokane medical/physician assistant students and residents, receiving 12 submissions this year. This contest is one way the SCMS can show these individuals the supportive nature of the Spokane Medical Community, allowing for a platform to engage all the schools involved in UME and GME that exist in the community.

All current Spokane-based medical residents, medical students and physician assistant students were invited to submit an entry by March 28, 2025, in one of three categories: Best Image (unpublished original art, photograph or video), Best Essay or Best Poem on the topic "Healing Off the Clock." The winning entries were chosen by the committee's contest judging panel and were blinded to the entrants' names and programs. Each winner was awarded \$500, generously funded by the Spokane County Medical Society Foundation.

"The members of the contest judging panel were moved and impressed by the heartfelt words and images expressed in all the submissions," stated committee chair Dr. Geoff Jones, "but selected the entries which most closely captured the essence of the goals of the contest."

We're pleased to present this year's entries here. We hope you enjoy them as much as we did!

BEST IMAGE

Exhale

(Oil on Canvas)

By: Caitlin Murray, PA-S

MEDEX NORTHWEST, SPOKANE CLASS ' 28



Tincture of Time

By: Sayward Nelson, DO

PROVIDENCE SPOKANE INTERNAL MEDICINE RESIDENCY



BEST ESSAY

Healing Off the Clock

Bryce Dreslinski, PA-S

MEDEX NORTHWEST, SPOKANE CLASS '28



It wasn't the 3 a.m. code blue that broke me. It wasn't the endless hours of studying or the heavy weight of my OR scrubs, filled with notes, reference cards, and the expectations of those who had worn them before me. It wasn't even the stories I carried home—the ones that stayed behind my ribs, pressing into my breath long after I'd left the hospital halls.

What nearly broke me was the silence.

The silence of my house after a day spent inside the pulse of a hospital, where machines beeped in tandem with human fragility. The silence after delivering news that split someone's world into "before" and "after." The silence when I realized that healing others was so consuming that I had forgotten how to heal myself.

I had entered PA school to become a healer. But what no one tells you is that healing isn't just about patients—it's about surviving yourself. It's about making space for your own wounds while carrying the weight of others'.

Healing, I've come to learn, doesn't always look like medicine. It doesn't always happen in hospital corridors or sterile exam rooms. Sometimes, healing happens in the spaces between the seconds.

It happens when I step outside after a long shift and let the cold Spokane air bite my skin, reminding me I am still alive. It happens when I put on my running shoes and chase my breath through the streets, pounding out the stress and sorrow with each stride. It happens in stolen moments with my classmates, when we laugh over bad coffee and worse mnemonics, finding lightness in the gravity of what we do.

Healing happens when I let my hands create something that isn't tied to survival—when I write, not because I have to, but because I need to remind myself that I exist beyond my ability to diagnose and treat.

It happens when I sit across from my patients, not just as a clinician, but as another human being. When I hold the hand of an elderly woman whose heart is failing, or listen—really listen—to the single mother who just needs someone to acknowledge that she is doing her best. These moments, these tiny, unmeasured acts, are healing. Not just for them, but for me.

Before PA school, I worked as a respiratory therapist. There was a moment in my career when I questioned whether I could do this forever. Whether I could keep giving and giving without losing pieces of myself along the way. And then I met a patient—a young boy with cystic fibrosis. He had spent more time in the hospital than out of it, yet he still found joy in the small

things: the pattern of the ceiling tiles, the way the sunlight hit his bed at just the right angle.

One afternoon, I found him coloring, completely absorbed in his world of crayons and imagination. He looked up at me and grinned. "Do you want to color too?" he asked, sliding a crayon across the table.

And so I did.

For the first time in weeks, I stopped thinking about ventilators, oxygen levels, and critical care protocols. I let myself exist in the moment, filling empty spaces with color. When I handed the drawing back to him, he smiled and said, "You're good at this."

But what I realized in that moment was that I wasn't just good at coloring—I was good at being present. At remembering that I was more than my scrubs, my protocols, my ability to fix and stabilize. That healing off the clock wasn't just something I owed to myself, but something that made me better for my patients.

That moment stayed with me. It was one of the many reasons I chose to become a PA. I wanted to do more—to see beyond the immediate crisis and provide holistic care. To take time not just to treat, but to truly connect. I wanted to understand not just the physiology of disease, but the humanity behind it. I wanted to have the knowledge to address the root cause, not just the symptoms.

In medicine, we talk about burnout like it's a badge of honor—like the more exhausted we are, the more we have proven ourselves. But I've learned that healing isn't about how much you can endure. It's about how much you can let go.

It's about remembering that before we were healers, we were human. That before we took oaths, we had dreams. That before we learned how to save lives, we had to learn how to live.

And so, as a didactic year PA student, I heal in the in-between moments. In the laughter with friends, the rhythm of my feet hitting the pavement, the quiet nights spent journaling my thoughts. I heal by reminding myself that I am not just a PA student. I am a daughter, a mother, a wife, a friend, a runner, a baker, a writer. I am someone who feels deeply, who carries stories, and who, despite the weight of it all, still finds joy in the spaces between the seconds.

Because healing doesn't just happen in hospitals. It happens in the way we choose to live. And I choose to live whole.

Healing Off the Clock

By: Matthias Wilson, PA-S

MEDEX NORTHWEST, SPOKANE CLASS '27

Three months into my physician assistant program, my wife jumped into bed with a positive pregnancy test and a beaming smile across her face. I was not unhappy—just shocked. Our oldest son was fifteen months old, a handful, a redhead, and getting into everything. Again? My mind did the quick math: minus three months plus a year, plus seven days. I quickly realized this baby would be born right in the middle of PA school.

After the initial shock wore off, I settled into a blissful mindset, optimistic about balancing marriage, two kids, a new mortgage, and the inevitable onslaught of studying. We opted for the early blood test—not for chromosomal abnormalities, but to find out the sex. At my previous bakery job, the baker whipped up cookies with blue frosting that we later revealed to our one-year-old. Two boys! I envisioned Saturday mornings with donuts, soccer at the nearby field, and wrestling.

At our twenty-week ultrasound, the technician's silence stretched too long. Our baby, Jones, was measuring small—very small. In the second percentile for height and weight. His right femur was significantly shorter than his left, and he was diagnosed with clubfoot. No one in our family had chromosomal issues. Why us?

At the same time, I was learning about clubfoot in my maternal-child health course, the surgeries required, and difficulties with physical milestones. Our OB-GYN referred us to maternal-fetal medicine for a 3D ultrasound and an echocardiogram. The referral process stretched from January to March, and in that time, I scoured textbooks, journal articles, UpToDate—anything that could tell me what this meant for our son. My optimism faded under the weight of the unknown, the waiting, the anxiety of trying to manage school, be a dad, and take an active role in the pregnancy.

I put my faith on the back burner during PA school. I struggled to read anything that was not related to medicine. I prayed in the car, before meals, but admittedly, faith was not in the forefront of my mind. Late winter into early spring, I started prioritizing my faith again. Time and time again in the Bible, Jesus heals people—those with physical or mental ailments. In medicine, we seek answers, and if we don't have them, we refer to a specialist. I turned to God, to ask a lot of questions. Why allow this to happen to a baby who has not even seen the world? I prayed hard—for healing, for growth, for protection over his brain, spine, heart, and lungs.

In March, we returned to maternal-fetal medicine for the 3D ultrasound. I was not yet proficient at reading scans, but I observed the technician measuring. No discrepancy between femurs. No sign of clubfoot. When the physician came in, he repeated himself, as if to convince himself:

“There is absolutely nothing wrong with your son.”

Jones had grown from the second percentile to the eighth. His femur lengths were normal. His clubfoot was gone.

We cried over burgers and fries, shedding tears of relief and joy.

But it wasn't just that visit. At each subsequent visit, he kept growing—thirteenth percentile, then twenty-fifth, then fortieth. By the time he was born on June 12, 2024, he weighed seven pounds, five ounces. No chromosomal abnormalities. No foot discrepancies, a strong heart, and clear lungs.

After delivery, they discovered a discrepancy in his umbilical cord—a true knot, able to move freely up and down, which was likely the cause of his growth restriction in the first and second trimesters. Now, Jones is eight months old. To say PA school has been hard with two kids is an understatement—especially two boys under three years old. But it's also given me perspective. It's forced me to set clear boundaries with work and studying, making my time efficient. And it's changed how I relate to patients.

I never understood the depth of parental worry until this experience. Now, when I see parents in the clinic—especially those with young children—I understand. I know what it feels like to hear a potential diagnosis and immediately spiral into research, grasping for control over an uncontrollable situation. I know what it means to pray for healing and watch, helplessly as time stretches between appointments.

Outside of work, my healing is found in fatherhood. My stethoscope becomes a toy, and my oldest son asks to test his reflexes with my “school hammer”. He understands what a clinic is, what I do. Healing happens when my boys press their faces against the window as I pull into the driveway, desperate for a game of tag or magnet tiles. Between dinner, bath, and bedtime, I soak in their babbling speech, Jones' crawling, their boldness, curiosity, and wonder.

Healing is found in my wife's quiet resilience. I watched her recover from childbirth, twice, witnessing the immense work of postpartum healing. It gave me a deeper empathy for the multifactorial recovery process—one that extends beyond physical healing into exhaustion, identity shifts, and the invisible weight of motherhood.

And after it all—the chaos, the bedtime routines, the dishes, the last-minute studying—I find healing in her. Sometimes, we just stare at each other, understanding the fatigue of raising kids, amongst all else life throws after us. Other times, we dream—of new floors, new cabinets, maybe even a new house. But mostly, we sit in gratitude: for our boys, for our health, for the continuous healing that allows us to keep moving forward.

I started PA school thinking I had a disadvantage compared to my single colleagues—a wife, a toddler, and another on the way. But I will finish knowing it was an advantage. It sharpened my time management, deepened my capacity for care, and made me a better provider — one who sees the human behind the diagnosis.

So, sleep-deprived and eager to learn, I go to the clinic. And just as tired, I return—just in time for healing.

Healing Off the Clock

By: Joshua Reneau, MS

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE
MD CANDIDATE '28

The clock on the wall in the harshly lit room shows 4:15. Closed window shades and a hospital bed separate me and my patient from the hospital hallway on one side, and the world outside on the other. In 15 minutes I should be on the other side of that window, headed home, bound for the pantry to fix my current discomfort, the ache in my stomach. The man on the commode in front of me has just woken up from a nap. I'm jealous. We talk about life outside these walls. He's a teacher, he tells me. As we talk, I admire the passion he has for his students, his main concern even as he sits in a hospital bed. I love my job and the patients I work with, but this feels like another level of passion. After all, even in this interaction I can't help but focus on the clock. My shift ended 10 minutes ago. I redirect my attention to the patient in front of me and remind myself that in the hospital, time is often a suggestion, and I still have a job to do.

I suspect burnout looks different for everyone. For some, it's the feeling of dread as you park. For others, a short fuse, a not-so-subtle reminder to those around you that you just don't have the capacity for this today. For me, my burnout indicator is the amount of time I spend looking at the clock, and the speed at which its hands move. On the job, those hands move impossibly slow; at home, too fast. If time is our greatest currency, then those days prove that wealth can't possibly equal happiness. Thankfully, these days make up a minority of the days I spend at work. There's no denying that working with patients has provided incredible meaning to my life. But if I'm honest, this work has also left me feeling entirely defeated on many a drive home. Working in healthcare, the emphasis on healing others can feel noble, daunting, and oftentimes oppressive. Your average hospital employee likely has an opinion about this, so I'll leave that discussion to more experienced voices than my own. This essay focuses on the equally noble, daunting, and oftentimes oppressive task of taking care of ourselves.

I have a theory about self-care. As with all the best theories, it is almost certainly half-baked, with several blind spots and an avoidance of applicability to all contexts, closer to peer-informed than it is peer-reviewed. Nevertheless, I like my theory. It seems to me that if you ask most people how they avoid burnout and take care of themselves, you'll find an answer that sounds remarkably like more work. You will, of course, also find those who recover by laying still as possible for as long as possible with as many comfort foods as possible, a totally valid option as well. But for most folks I've talked to, self-care is time with family, calling a friend, writing a book, a variety of crafts, service to others, protesting about issues they care about, and an assortment of other endeavors that take up as much time and energy as clocking in to work. Burnout is less of a reflection on being overworked than it is a mismatch between where passion is held and where energy is spent.

Everything we do is work. Whether it's spending time with my wife, going for a run, or playing pool with cold beer and friends,

all the tools in my self-care kit are time-consuming, energy-expending endeavors, also known as work. When I have a healthy relationship with my job, I find as much fulfillment at the hospital as I do the pool hall; off the clock as well as on it. When I spend my energy in a manner consistent with my passions and values, I can derive as much joy from clocking on as I can doing the important work of building a championship-winning franchise in my favorite sports video game. This flies in the face of many "solutions" to burnout I've come across. The solution to burnout isn't less work. It's a realignment of your passions and values with the work you get paid to do. Don't get me wrong. I love a day off, and as a current student and part-time employee, I dearly miss the PTO that I used to have access to. On days off, it seems easier to spend your energy doing things you care about. But there's no rule against bringing your passions and values into work as well. In fact, your patients and coworkers will probably appreciate it. Healthcare often seems like one of the final remaining arenas in which employees are encouraged to put others' needs above their own. But I have a sneaky suspicion that your values and passions are not diametrically opposed to those of most of your patients. If they were, you probably wouldn't be working in healthcare in the first place.

Some say burnout is felt equally off the clock than on, a feeling I sympathize with. Often the thing I look forward to the most after clocking off is no more aligned with my passions and values than what I was doing on the clock. This leads to a heightened sense of anguish during periods of burnout. Over time, I've had to take a critical approach to my time to see that many of the ways I expend my time and energy is not all that helpful to my general well-being either. This is a deeply personal endeavor so it will look different for everyone. That being said, my expert recommendation (at 23 years old with a whopping two years of full-time employment under my belt), would be to take an honest account of your passions and values, reflecting on how much of your energy and work at least tangentially approaches these missions. And if you discover the secret to fixing burnout in the process, let me know.



BEST POEM

Healing Off the Clock

Mitali Kumar, MS

WASHINGTON STATE UNIVERSITY ELSON S. FLOYD COLLEGE OF MEDICINE



Peeling orange slices,
She passes the fruit over wordlessly.
Biting into the flesh, we share slices of summer—
One slice, then another.
She offers, her frail fingers trembling as she peels.
No, we don't discuss where her hair went,
Amid the steady hum of monitors and machines
That drip toxic liquid into her veins.
She tastes it in her mouth, metallic and sour—
Rust and rot.
Her stomach churns, skin burns, and bones ache from the
war inside.

I know she weeps in her lonely white sheets at night,
Powerless as the clock ticks louder,
But I sit with her and swallow the bitter,
Orange juice dribbling down my chin,
One slice at a time,
Swallowing sweetness together.



The Anatomy of Tears

By: Peter Franz, MD

R4 PSYCHIATRY CHIEF RESIDENT

Medical training teaches you
That tears originate in the abdomen.
At a depth beyond retroperitoneal.
They clench the vagus,
Contraction the diaphragm
During their birth ascent.
Grazing pericardium
With inflammation
Colchicine can't quench.
Awkwardly
Cycling tanner stages
Of larynx;
Daring its owner to speak.
Contorting the face
While opening linked gates,
Decongestingly they see
Through contorted vision.
Finally, taking flight
Around the ala
Of their host,
When they meet sweet vermillion,
What disposition will they find?



To: The Me Who Has Felt Worn Thin Before,

By: Calvin Mende, PA-S

MEDEX NORTHWEST PHYSICIAN ASSISTANT PROGRAM

To: The Me Who Has Felt Worn Thin Before,

You may not feel it now, but I believe in myself.

I trust in what I've been taught,

and in my ability to always choose what's best,

even if it doesn't go as planned.

I will remember who I am,

and how determined I was to arrive here.

And when it begins to feel like too much again,

I will know how to care for myself,

because of what I will learn in this chapter,

and trust that this moment will pass,

just as it always has.

From: The Me Who Had Yet to Realize How Much
I Still Had to Learn



Healing Through the Pages

Jessica Bae, MS

WASHINGTON STATE UNIVERSITY ELSON S. FLOYD COLLEGE OF MEDICINE

It begins with recognition and intention.
So, I reach for my notebook and pen.
The blank page stares back,
Urging me to assess the damage.

Some wounds must be debrided first.
So, I drain the unformed thoughts—
Spilling from my head, through the pen,
Onto the flawlessly tranquil page.

I wish it were linear, step-by-step.
Instead, it creates a tangled interplay,
A hodgepodge of words, doodles, strikethroughs,
and smudges.
The page now fragile with ridges and grooves.

Sometimes it needs a temporary patch.
I pause and turn the page.
But I make sure to place a bookmark.
It's a reminder to follow up.

As pages fill, there is regeneration.
What once was scattered is now remodeled.
What once was raw is now woven into strength.
A balance restored.

And when I reach back for this filled notebook,
I flip through and trace for the lessons left behind.
Lessons on how to be healed and to heal.
Reminders that I am more than what I do.



Healing Off the Clock

By: Shayla Nguyen, MS1

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

The shift is over, my mind still aches,
Hands still trembling, telling me I need a break.
The heaviness of lessons, loss, and doubt,
A storm I can't shut out.

So I sit—St. Aloysius calls,
Soft light flickers on sacred glass walls.
No words, no expectations, just a space to be,
A quiet place where I find peace in me.

But healing isn't only found
Where silence goes without a sound.
From time to time, it's booming, bright, and free,
As I move with the music, letting go to be.

A sister's voice, a familiar call,
With her laughter helping me through it all.
Through family, through music, through faith
I find my way to restore my grace.

Although my patients may not see
The ways I heal the self in me,
Beyond the white coat, past the clock,
I heal off the clock to be steady as a rock.



The Break

Alyssa Harper, MD

PSYCHIATRY RESIDENCY SPOKANE

I think I'm healing,
Healing the patient in front of me with medicine
and knowledge and words.
I think I'm learning,
Learning the way a doctor is supposed to think
and act and look.
I think I'm supporting,
Supporting my colleagues and family and friends.
I think I'm balancing,
Balancing...until something tips.
I think I'm breaking.
Yes.
I know I'm breaking.
The tears trickling down my face are burning a
slow path toward my soul; the all-consuming pain
of realizing you've catapulted past every warning
sign that you are not well and finally reached the
crossroads you've been avoiding is a sobering
reality to embrace.
I know I'm balancing.
Sometimes life refuses to slow down or wait for
us to realize that time is the only answer worth
pursuing; time away from the spotlight of training,
time with your people, the ones who bring back
your inner warmth in the forms of light and
laughter and love.
I know I'm supporting.

Turns out humanity has a funny way of sneaking
up on us, sliding through cracks in our carefully
constructed armor and squeezing until we have
no choice but to either play dead or fight tooth
and nail for the life that always felt just out of
reach.

I know I'm learning.

Put your oxygen mask on first, practice an ounce
of selfishness, embrace the beautiful uncertainty
that we are offered every day of our lives. There's
a clock in the corner of my room, ticking out a
rhythm that sounds like my future.

I know I'm healing.



Honorable Mention

The Uncharted Horizon

Tom Heston, MD, FAAFP, FASNC, FACNM

ATTENDING PHYSICIAN

There's a moment in every physician's life when the pager stops beeping, the white coat hangs unworn, and the stethoscope no longer presses cold against a patient's skin. For decades, my identity was inseparable from my profession. I was Dr. Heston, the healer who could interpret the language of health and illness, of joy and depression. My skills were honed to precision. Even in moments designated as "time off," I remained tethered to that identity—reading about patients, attending medical conferences disguised as vacations, always connected to improving my clinical ability. Medicine was my calling. Then, it all ended. The moment had arrived. I retired.

With retirement comes a particular vulnerability: stepping back from being excellent at your job to being relatively mediocre at the new tasks. My days were filled with routine chores that demanded none of the expertise I had spent a lifetime cultivating. This unsettling transition required long moments of reflection—a pause, a breather in life's journey. It was as if my sailboat had gotten untethered, set adrift without the foundation that had anchored me for so long. Where had my bearings gone?

The Uncharted Horizon, the first song I wrote after retirement, reflects this initial uncertainty. Surprisingly, it also provided me with a profound rebirth. The song starts with a quiet melody, then rests on a C#m7 chord in measure 4. It's a deliberate slowing that invites a pause, a deep breath. Then, as the music tentatively resumes, the restful melody continues but soon pauses again, this time much deeper, on a key change with the chord Cmaj7 in measure 20.

These pauses were healing to me. The rest, the deep breaths, the reflection provided the beginning of a recalibration. But then, something

unexpected happened. It wasn't by my design but came from somewhere outside of me. Somehow, this same chord effortlessly became the foundation for a new theme (measure 55). Then, boldly, at the end, it became the bedrock of an energizing, strong rejuvenation.

My life in medicine has been like a wonderful chaotic symphony—Stravinsky's Rite of Spring, if you will—yet so much more. From the harmonies of a Gabrielli quintet to the raw energy of rock and roll; from the peace of Beethoven's Moonlight Sonata to the questions raised in John Cage's 4'33"; from smooth jazz to the pure joy I felt as a father attending my child's school concert; from the complete wonderment from holding a newborn, to providing comfort to a dying patient taking their last breath; from the profound friendships with colleagues forged on medicine's front lines, to working as a team to try to give our patient one more day to live. Yet, somehow, I always felt centered. Medicine gave me a strong purpose. I knew I was doing my best at something profoundly meaningful.

Then the music stopped; I was off the clock. The echoes from the final cannon blast in Tchaikovsky's 1812 Overture had faded. I felt I had lost that sturdy rudder of meaning that had guided me through decades of practicing medicine. But I was wrong. What initially appeared as an ending revealed its true nature: a pause, then a renewal. My C#m7 moment was complete when I heard a strong call from an uncharted horizon. And I'm answering the call.

Thomas F Heston MD, March 2025

The Uncharted Horizon

Thomas F Heston

Larghetto ♩ = 55-65

Measures 1-3 of the piece. The key signature is three sharps (F#, C#, G#) and the time signature is 4/4. The tempo is Larghetto (55-65 bpm). The first measure has a treble clef with a melody starting on G#4 and a bass clef with a chord of E major 7 (E, G#, B, D#). The second measure has a treble clef with a melody starting on A4 and a bass clef with a chord of F# major (F#, A, C#, E). The third measure has a treble clef with a melody starting on B4 and a bass clef with a chord of G# minor 7 (G#, B, D, F#). The dynamic is mezzo-piano (mp). The instruction 'Sustain pedal ad libitum' is written below the bass staff.

Measures 1-3: E maj7, F#, G#m7, mp, *Sustain pedal ad libitum*

Measures 4-6 of the piece. Measure 4 starts with a treble clef chord of C# minor 7 (C#, E, G, B) and a bass clef chord of C# minor 7 (C#, E, G, B). The instruction 'molto rall.' is written below the bass staff. Measure 5 has a treble clef melody starting on D5 and a bass clef chord of E major 7 (E, G#, B, D#). The instruction 'tentatively' is written above the treble staff and 'a tempo' is written below the bass staff. Measure 6 has a treble clef melody starting on E5 and a bass clef chord of F# major (F#, A, C#, E).

Measures 4-6: C#m7, E maj7, F#, *molto rall.*, *tentatively*, *a tempo*

Measures 7-9 of the piece. Measure 7 has a treble clef melody starting on F#5 and a bass clef chord of G# minor 7 (G#, B, D, F#). Measure 8 has a treble clef melody starting on G#5 and a bass clef chord of C# minor 9 (C#, E, G, B, D#). Measure 9 has a treble clef melody starting on A5 and a bass clef chord of E major 9 (E, G#, B, D#, F#).

Measures 7-9: G#m7, C#m9, E maj9

Measures 10-12 of the piece. Measure 10 has a treble clef melody starting on B5 and a bass clef chord of F# minor 7 (F#, A, C#, E). Measure 11 has a treble clef melody starting on C#6 and a bass clef chord of G# minor (G#, B, D, F#). Measure 12 has a treble clef melody starting on D6 and a bass clef chord of C# minor 9 (C#, E, G, B, D#).

Measures 10-12: F#7, G#m, C#m9

The Uncharted Horizon

13 E maj7 F#add9 G#m7

16 C#m9 Eadd9 A

19 G Cmaj9 D maj7

molto rall.

tentatively

22 E maj7 Cmaj9 Dadd9

a tempo

25 E E maj7

rit.

a tempo

28 F# G#m7 C#m9

31 E maj7 F# G#m7

34 C#m9 E maj7 F#7

37 G# C#m7 E maj7

40 F#add9 G#m7 C#m9

43 Eadd9 A G

Musical notation for measures 43-45. Measure 43: Treble staff has eighth notes (F#4, G#4, A4, B4, C5, B4, A4, G#4, F#4); Bass staff has a dotted half note (F#2). Measure 44: Treble staff has eighth notes (G#4, A4, B4, C5, B4, A4, G#4, F#4); Bass staff has a whole note chord (F#2, C#3, G#3, A3). Measure 45: Treble staff has eighth notes (A4, B4, C5, B4, A4, G#4, F#4, E4); Bass staff has a whole note chord (F#2, C#3, G#3, A3).

46 C maj9 D maj7 E maj7

Musical notation for measures 46-48. Measure 46: Treble staff has a whole note chord (F#4, G#4, A4, B4, C5); Bass staff has a whole note chord (F#2, C#3, G#3, A3). Measure 47: Treble staff has a whole note chord (G#4, A4, B4, C5, D5); Bass staff has a whole note chord (F#2, C#3, G#3, A3). Measure 48: Treble staff has eighth notes (A4, B4, C5, B4, A4, G#4, F#4, E4); Bass staff has eighth notes (F#2, C#3, G#3, A3).

49 C maj7 D6

Musical notation for measures 49-51. Measure 49: Treble staff has eighth notes (F#4, G#4, A4, B4, C5, B4, A4, G#4); Bass staff has eighth notes (F#2, C#3, G#3, A3). Measure 50: Treble staff has eighth notes (G#4, A4, B4, C5, D5, C5, B4, A4); Bass staff has eighth notes (F#2, C#3, G#3, A3). Measure 51: Treble staff has eighth notes (A4, B4, C5, B4, A4, G#4, F#4, E4); Bass staff has eighth notes (F#2, C#3, G#3, A3).

52 E

Musical notation for measures 52-54. Measure 52: Treble staff has eighth notes (F#4, G#4, A4, B4, C5, B4, A4, G#4); Bass staff has eighth notes (F#2, C#3, G#3, A3). Measure 53: Treble staff has eighth notes (G#4, A4, B4, C5, D5, C5, B4, A4); Bass staff has eighth notes (F#2, C#3, G#3, A3). Measure 54: Treble staff has eighth notes (A4, B4, C5, B4, A4, G#4, F#4, E4); Bass staff has eighth notes (F#2, C#3, G#3, A3).

55 C#m7 G#m7 F#

Musical notation for measures 55-57. Measure 55: Treble staff has eighth notes (F#4, G#4, A4, B4, C5, B4, A4, G#4); Bass staff has eighth notes (F#2, C#3, G#3, A3). Measure 56: Treble staff has eighth notes (G#4, A4, B4, C5, D5, C5, B4, A4); Bass staff has eighth notes (F#2, C#3, G#3, A3). Measure 57: Treble staff has eighth notes (A4, B4, C5, B4, A4, G#4, F#4, E4); Bass staff has eighth notes (F#2, C#3, G#3, A3).

58 C#m9 G#m7

Musical score for measures 58-60. Measure 58 has a treble clef with a whole note chord of F#4, A#4, C#5 and a bass clef with a whole note chord of D#2, F#2, A#2. Measure 59 has a treble clef with a half note chord of C#4, E4, G#4 and a bass clef with a half note chord of D#2, F#2, A#2. Measure 60 has a treble clef with a half note chord of G#4, B4, D#5 and a bass clef with a half note chord of D#2, F#2, A#2.

61 F# E F#

mf

Musical score for measures 61-64. Measure 61 has a treble clef with a whole note chord of F#4, A#4, C#5 and a bass clef with a whole note chord of D#2, F#2, A#2. Measure 62 has a treble clef with a whole note chord of F#4, A#4, C#5 and a bass clef with a whole note chord of D#2, F#2, A#2. Measure 63 has a treble clef with a whole note chord of E4, G#4, B4 and a bass clef with a whole note chord of D#2, F#2, A#2. Measure 64 has a treble clef with a whole note chord of F#4, A#4, C#5 and a bass clef with a whole note chord of D#2, F#2, A#2.

65 G#m7 C#m7 D#m(b6) E

f *mp*

Musical score for measures 65-67. Measure 65 has a treble clef with a whole note chord of G#4, B4, D#5 and a bass clef with a whole note chord of D#2, F#2, A#2. Measure 66 has a treble clef with a whole note chord of C#4, E4, G#4 and a bass clef with a whole note chord of D#2, F#2, A#2. Measure 67 has a treble clef with a whole note chord of D#4, F#4, A#4 and a bass clef with a whole note chord of D#2, F#2, A#2.

68 C#m7 D#m(b6)

Musical score for measures 68-70. Measure 68 has a treble clef with a whole note chord of C#4, E4, G#4 and a bass clef with a whole note chord of D#2, F#2, A#2. Measure 69 has a treble clef with a whole note chord of C#4, E4, G#4 and a bass clef with a whole note chord of D#2, F#2, A#2. Measure 70 has a treble clef with a whole note chord of D#4, F#4, A#4 and a bass clef with a whole note chord of D#2, F#2, A#2.

71 E C#m7

Musical score for measures 71-73. Measure 71 has a treble clef with a whole note chord of E4, G#4, B4 and a bass clef with a whole note chord of D#2, F#2, A#2. Measure 72 has a treble clef with a whole note chord of E4, G#4, B4 and a bass clef with a whole note chord of D#2, F#2, A#2. Measure 73 has a treble clef with a whole note chord of C#4, E4, G#4 and a bass clef with a whole note chord of D#2, F#2, A#2.

74 D#m(b6) E

77 C#m7 D#m(b6) E C#m7 D#m(b6)

80 E

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