



Canadian Women's Heart Health Alliance

Knowledge Translation and Mobilization Working Group

Member Profile



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Member since 2021

Biography

Although I was born and raised in a big city for the majority of my life, almost eight years ago my family and I moved to rural Mono, Ontario, where I was privileged to be surrounded by nature and spent many years of my life fostering strong relationships with my community. I am the oldest sibling of three and have naturally been motivated to help others in need, problem solve and am consistently challenging myself to try new things. With a constant desire to meet new people and learn new skills, in addition to my fascination with science, I was drawn to medicine in particular as I recognized early on the platform that it provided to improve health equity and advocate for populations made vulnerable by the system. I actively sought out opportunities that aligned with my core values and took on the responsibility of volunteering in the Emergency Department (ED) in a rural hospital serving a wide area. Observing patient interactions with staff and learning more about medicine, one thing in particular that I was surprised by was the number of female patients presenting to the ED with heart related problems. Whenever I did have the chance to follow-up with patients, many of the women in particular expressed that they were unaware that their symptoms for the past few hours or days were signs of a heart attack. This experience was pivotal in shaping the course of my undergraduate and graduate career prior to starting medicine, as my interest in cardiology began budding. As a volunteer in a local cardiology clinic in Hamilton, I gained valuable insight under the mentorship of an interdisciplinary team of physicians, technicians and administrative staff all playing a different role in managing healthcare.

After some time, I volunteered to lead some patient education workshops for free after clinic hours, to encourage women in particular living with or at risk for cardiovascular disease to attend and learn more about prevention and treatment. Much of my time was spent collaborating with the team to develop resources that were accessible, that contained relevant information and were also encouraging to show women that they were not alone and that healthy lifestyle choices were within reach. The workshops were a huge success, many patients enjoyed the safe environment where we were able to facilitate more intimate, meaningful group discussions and dispel common misconceptions about CVD symptoms, especially in recognizing much of the literature available silences female narratives.



Doing a complete 180 degree turn from my traditional science background, I also decided to pursue my undergraduate thesis in collaboration with the Hamilton Community Legal Clinic. Here I became acquainted with community-based participatory action research as I interviewed community champions to support the development of evidence briefs for an anti-oppression anti-racism project. Above all, I channeled resilience during this time as I worked to complete my thesis interviews and obtain informed consent virtually during the midst of the COVID-19 pandemic.

After completing my BSc. In Life Sciences at McMaster University, I went on to pursue a MSc. in Global Health to expand my understanding of critical issues in health on a global scale, and ways to integrate culturally safe models of care into my practice as an aspiring physician. This experience allowed me to take on incredible student research opportunities - including assisting with the 'Mending Broken Hearts Project' conceptualized by Dr. Bernice Downey - which aims to support Indigenous women in self determination of their heart health, while amplifying their voices as they navigate health challenges tainted by the negative impacts of colonization.

One of my most memorable experiences throughout my master's program was the virtual learning symposium where my cohort collaborated with students from India and the Netherlands to tackle a critical global health issue from the perspective of multiple health systems across three countries. Despite recent advancements within the field of healthcare, the prevalence and urgency of global health inequity remains largely unaddressed, and this exercise really challenged me to think critically and work collaboratively. Lastly, prior to starting medicine at Dalhousie University this fall, I completed an internship with the Canadian Red Cross, where I worked on projects evaluating best practices to improve women and girl's health outcomes in the context of menstrual hygiene management in fragile and conflict-affected settings. All of these experiences and more continue to shape my desire to pursue medicine and advocate for patient centered care, which largely revolves around making knowledge and resources accessible to patients. As a member of this working group, I intend to listen, learn and work collaboratively to support the development of materials that improve patient experiences and meet the needs of women living with CVD.