

## **Attachment 1**

**SFGH Radiology - Tech Productivity Report for MAM**  
Starting: 01/03/2009 Ending: 01/02/2011

User Name	Tech Initial	Total
Corazon Andaya	(CBA)	2833
Helen W. Niu	(HWN)	2394
Maryann Reynolds	(MAR)	331
Mary McGinty	(MJM)	1623
Mandana Siyadat	(MMS)	154
Nancy Loo-Manning	(NLM)	2193
Nancy Toscano	(NLT)	1029
Shari L. Zinn	(SLZ)	1332
Theresa McGinley	(TMM)	184
Yvonne Whitlock	(YYW)	2668
Grand Total =		14741

## **Attachment 2**

**SFGH Radiology - Tech Productivity Report for MAM**  
Starting: 02/07/2009 Ending: 02/06/2011

User Name	Tech Initial	Total
Corazon Andaya	(CBA)	2895
Helen W. Niu	(HWN)	2383
Maryann Reynolds	(MAR)	331
Mary McGinty	(MJM)	1581
Mandana Siyadat	(MMS)	169
Nancy Loo-Manning	(NLM)	2211
Nancy Toscano	(NLT)	1074
Shari L. Zinn	(SLZ)	1369
Theresa McGinley	(TMM)	182
Yvonne Whitlock	(YYW)	2685
<b>Grand Total =</b>		<b>14880</b>

## **Attachment 3**

**SFGH Radiology - Tech Productivity Report for MAM**  
Starting: 03/07/2009 Ending: 03/06/2011

User Name	Tech Initial	Total
Corazon Andaya	(CBA)	2849
Helen W. Niu	(HWN)	2401
Maryann Reynolds	(MAR)	331
Mary McGinty	(MJM)	1507
Mandana Siyadat	(MMS)	163
Nancy Loo-Manning	(NLM)	2223
Nancy Toscano	(NLT)	1135
Shari L. Zinn	(SLZ)	1431
Theresa McGinley	(TMM)	182
Yvonne Whitlock	(YYW)	2624
<b>Grand Total =</b>		<b>14846</b>

## **Attachment 4**

# SFGH Radiology - Tech Productivity Report for MAM

Starting: 04/04/2009 Ending: 04/03/2011

User Name	Tech Initial	Total
Corazon Andaya	(CBA)	2864
Helen W. Niu	(HWN)	2381
Maryann Reynolds	(MAR)	331
Mary McGinty	(MJM)	1435
Mandana Siyadat	(MMS)	204
Nancy Loo-Manning	(NLM)	2293
Nancy Toscano	(NLT)	1103
Shari L. Zinn	(SLZ)	1510
Theresa McGinley	(TMM)	162
Yvonne Whitlock	(YYW)	2638
<b>Grand Total =</b>		<b>14921</b>



## **Attachment 5**

**SFGH Radiology - Tech Productivity Report for MAM**  
Starting: 04/26/2009 Ending: 04/25/2011

User Name	Tech Initial	Total
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Corazon Andaya	(CBA)	2850
Helen W. Niu	(HWN)	2414
Maryann Reynolds	(MAR)	331
Mary McGinty	(MJM)	1459
Mandana Siyadat	(MMS)	201
Nancy Loo-Manning	(NLM)	2320
Nancy Toscano	(NLT)	1089
Shari L. Zinn	(SLZ)	1556
Theresa McGinley	(TMM)	142
Yvonne Whitlock	(YYW)	2646

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<b>Grand Total =</b>		<b>15008</b>
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## **Attachment 6**

## SFGH Radiology - Tech Productivity Report for MAM

Starting: 05/02/2009 Ending: 05/01/2011

User Name	Tech Initial	Total
Corazon Andaya	(CBA)	2869
Helen W. Niu	(HWN)	2383
Maryann Reynolds	(MAR)	331
Marla Denise Armstrong	(MDA)	4541
Mary McGinty	(MJM)	1463
Mandana Siyadat	(MMS)	202
Nancy Loo-Manning	(NLM)	2302
Nancy Toscano	(NLT)	1090
Shari L. Zimm	(SLZ)	1570
Theresa McGinley	(TMM)	140
Yvonne Whitlock	(YYW)	2662

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Grand Total = 19553

## **Attachment 7**

**SFGH Radiology - Tech Productivity Report for MAM**  
Starting: 05/19/2009 Ending: 05/18/2011

User Name	Tech Initial	Total
Corazon Andaya	(CBA)	2834
Helen W. Niu	(HWN)	2381
Maryann Reynolds	(MAR)	331
Mary McGinty	(MJM)	1517
Mandana Siyadat	(MMS)	194
Nancy Loo-Manning	(NLM)	2323
Nancy Toscano	(NLT)	1094
Shari L. Zinn	(SLZ)	1613
Theresa McGinley	(TMM)	125
Yvonne Whitlock	(YYW)	2661
<b>Grand Total =</b>		<b>15073</b>

- Attachment 1: U.S. FDA Mammography Quality Standards  
Act (MQSA) Regulations
- Attachment 2: FDA Policy Guidance on the MQSA

## **EXHIBIT G**

# **Attachment 1**



Mammography Quality Standards Act (MQSA) Regulations  
Section 900.12(a)

(2) *Radiologic technologists.* All mammographic examinations shall be performed by radiologic technologists who meet the following general requirements, mammography requirements, and continuing education and experience requirements:

(i) *General requirements.*

(A) Be licensed to perform general radiographic procedures in a State; or

(B) Have general certification from one of the bodies determined by FDA to have procedures and requirements adequate to ensure that radiologic technologists certified by the body are competent to perform radiologic examinations; and

(ii) *Mammography requirements.* Have, prior to April 28, 1999, qualified as a radiologic technologist under paragraph (a)(2) of this section of FDA's interim regulations of December 21, 1993, or completed at least 40 contact hours of documented training specific to mammography under the supervision of a qualified instructor. The hours of documented training shall include, but not necessarily be limited to:

(A) Training in breast anatomy and physiology, positioning and compression, quality assurance/quality control techniques, imaging of patients with breast implants;

(B) The performance of a minimum of 25 examinations under the direct supervision of an individual qualified under paragraph (a)(2) of this section; and

(C) At least 8 hours of training in each mammography modality to be used by the technologist in performing mammography exams; and

(iii) *Continuing education requirements.*

(A) Following the third anniversary date of the end of the calendar quarter in which the requirements of paragraphs (a)(2)(i) and (a)(2)(ii) of this section were completed, the radiologic technologist shall have taught or completed at least 15 continuing education units in mammography during the 36 months immediately preceding the date of the facility's annual MQSA inspection or the last day of the calendar quarter preceding the inspection or any date in between the two. The facility will choose one of these dates to determine the 36-month period.

(B) Units earned through teaching a specific course can be counted only once towards the 15 required in paragraph (a)(2)(iii)(A) of this section, even if the course is taught multiple times during the previous 36 months.

1. (C) At least six of the continuing education units required in paragraph (a)(2)(iii)(A) of this section shall be related to each mammographic modality used by the technologist.

(D) *Requalification.* Radiologic technologists who fail to meet the continuing education requirements of paragraph (a)(2)(iii)(A) of this section shall obtain a sufficient number of continuing education units in mammography to bring their total up to at least 15 in the previous 3 years, at least 6 of which shall be related to each modality used by the technologist in mammography. The technologist may not resume performing unsupervised mammography examinations until the continuing education requirements are completed.

(E) Before a radiologic technologist may begin independently performing mammographic examinations using a mammographic modality other than one of those for which the technologist received training under paragraph (a)(2)(ii)(C) of this section, the technologist shall have at least 8 hours of continuing education units in the new modality.

(iv) *Continuing experience requirements.*


(A) Following the second anniversary date of the end of the calendar quarter in which the requirements of paragraphs (a)(2)(i) and (a)(2)(ii) of this section were completed or of April 28, 1999, whichever is later, the radiologic technologist shall have performed a minimum of 200 mammography examinations during the 24 months immediately preceding the date of the facility's annual MQSA inspection or the last day of the calendar quarter preceding the inspection or any date in between the two. The facility will choose one of these dates to determine the 24-month period.

(B) *Requalification.* Radiologic technologists who fail to meet the continuing experience requirements of paragraph (a)(2)(iv)(A) of this section shall perform a minimum of 25 mammography examinations under the direct supervision of a qualified radiologic technologist, before resuming the performance of unsupervised mammography examinations.

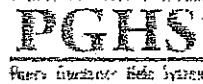
## **Attachment 2**

#23

U.S. Department of Health and Human Services


**U.S. Food and Drug Administration**
[Home](#) > [Radiation-Emitting Products](#) > [Mammography Quality Standards Act and Program](#) > [Guidance \(MQSA\)](#)
**Radiation-Emitting Products****Reestablishing the Radiologic Technologist Continuing Experience Requirement****Citation:**

900.12(a)(2)(iv)(B) *Requalification. Radiologic technologists who fail to meet the continuing experience requirements of paragraph (a)(2)(iv)(A) of this section shall perform a minimum of 25 mammography examinations under the direct supervision of a qualified radiologic technologist, before resuming the performance of unsupervised mammography examinations.*


 PGHS  
 Policy Guidance Help System

When a radiologic technologist (RT) fails to meet the continuing experience requirement of performing 200 mammograms in the "previous 24 months," the RT must not perform mammograms independently until the RT re-qualifies. The RT can re-qualify by performing 25 mammograms under direct supervision. FDA considers the "previous 24 months" to begin from the facility inspection date, or the date of the most recent calendar quarter preceding the inspection, or any date in between.

When a facility is inspected within the 6-month period following the date the RT re-qualified, FDA does NOT intend to cite the facility if the RT has not performed a total of 200 mammograms in the previous 24 months. We consider this the 6-month exemption period. If the facility is inspected any time after the 6-month exemption period has expired (even 1 day after) and the RT has not performed a total of 200 mammograms in the previous 24 months, FDA DOES intend to cite the facility. In summary, as long as the RT has performed at least 200 mammograms by the facility's next inspection, the RT is compliant with MQSA regulations.

**Example #1:** An RT has been performing mammography for more than two years and is hired by a new facility on 9/3/2007. The RT has performed only 100 mammograms since 9/1/2005. The RT performs 25 mammograms under direct supervision by 9/25/2007. The facility is inspected on 1/15/2008. At the time of the inspection, this RT has performed 150 mammograms, which includes the 25 under supervision, since 9/1/2005. Should the facility be cited?

**No,** because the RT's continuing experience requirement falls under the 6-month exemption period, which expires on 3/24/2008.

**Example #2:** This same facility is inspected on 4/15/2008 and the RT has performed 175 mammograms, which includes the 25 under supervision, since 4/1/2006. Should the facility be cited?

**Yes,** because the 6-month exemption period after requalification has passed and the RT has not performed the required 200 mammograms.

**Example #3:** This same facility is inspected on 4/15/2008 and the RT has performed 200 mammograms, which includes the 25 under direct supervision, since 4/1/2006, but the RT had performed only 175 mammograms by 3/31/08 (a date after the 6-month exemption period). Should the facility be cited?

**No,** because the RT has performed the required 200 mammograms by the date of the inspection.

**Discussion:**

Requalification does not affect or change the date on which such individuals met their initial qualification requirements, therefore, the starting dates on which such individuals must meet their continuing requirements remains the same.

Requalification only allows the radiological technologist to perform mammograms independently again, it does not waive meeting the requirement of 200 mammographic examinations in 24 months. Upon requalification, the radiological technologist will be exempt from an adverse finding for the continuing experience requirement for a period of 6 months after the requalification date. This policy will give the radiological technologist the time needed to practice in order to meet the continuing experience requirement by the end of the 6 months exemption period.

**Documentation:** It will generally be sufficient if the technologist's file contains a letter, table, or printout from each facility at which he or she performs mammography examinations, signed by a responsible facility official or the person performing the direct supervision. The document should state who provided the direct supervision and that the technologist performed a given number of examinations at that facility in a given time period. It is assumed that these numbers are based upon more extensive records, such as facility logs, that can be reviewed if there are any questions. The facility logs themselves can then be used as documentation. Provision of summary letters, tables, or printouts will speed up the inspection and rarely will the more detailed records be requested.

**Questions:**

1. A radiologic technologist only performed 60 mammographic examinations independently in the 24 months prior to the facility's inspection. If the radiologic technologist performs 25 examinations within six months under the direct supervision of a qualified radiologic technologist, can he or she resume performing mammographic examinations independently? Is there anything else the technologist needs to be concerned about with respect to his or her continuing experience? <sup>1</sup>
  2. Under the interim regulations, FDA had a continuing experience policy stating that once interpreting physicians requalified to work independently, they were exempt from an adverse finding for this requirement for a period of six months after the requalification date. Will this policy continue and will it be expanded under the final regulations to include radiologic technologists? <sup>2</sup>
- Can simulated examinations (person not irradiated) count toward the initial, or continuing, or requalification experience

Siyadat Probation Extension Packet

**EXHIBIT H**



Lilibeth De  
Rivera/DPH/SFGOV  
06/01/11 02:13 PM

To Elizabeth Jacobi/DPH/SFGOV@SFGOV, Michael  
Brown/DPH/SFGOV@SFGOV, Rafael  
Ibarra/DPH/SFGOV@SFGOV, Brian  
cc Catherine Abela/DPH/SFGOV@SFGOV, Doug  
Stoddard/DPH/SFGOV@SFGOV, Anna  
Biasbas/DPH/SFGOV@SFGOV, Nikie Gibson, Jaisen  
bcc  
Subject Mandana Siyadat - Notice of Extension of Probationary  
Period

Hello,

Please see attachment.  
Thank you.



Msiyadat\_060111\_ExtProb.pdf

Lilibeth De Rivera  
HR - Labor Relations  
SFGH / DPH  
CHN Bldg., 3rd floor  
2789 - 25th St, SF, CA 94110  
tel (415) 206-8630 fax (415) 206-4580

City and County of San Francisco

Department of Public Health

Human Resource Services

Labor Relations Division

(415) 206-8630

Fax (415) 206-4580



Edwin M. Lee, Mayor

May 31, 2011

Elizabeth Jacobi, Director  
Department of Public Health  
Human Resources Services  
101 Grove Street, Suite 210  
San Francisco, CA 94103

Re: Mandana Siyadat, 2469 Diagnostic Imaging Technician III

Dear Ms. Jacobi:

The Department of Public Health, Radiology Department (RAD), is requesting approval to extend the probationary period of Ms. Mandana Siyadat for three (3) months, subject to the provisions outlined under the Civil Service Commission Rules for probationary periods. Ms. Siyadat was appointed to Class 2469 Diagnostic Imaging Technician III on February 9, 2011 and is currently serving a probationary period through close of business on June 3, 2011. Please note that Ms. Siyadat's probation was scheduled to end by close of business May 8, 2011, but has been extended due to absences from work. See attached Probationary Status Report.

Ms. Siyadat has not demonstrated an acceptable level of performance in Class 2469 Diagnostic Imaging Technician III and the department is requesting an extension to provide her additional time to improve areas of deficiencies.

According to the collective bargaining agreement for miscellaneous Service Employees International Union (SEIU) Article II, Section B, Probationary Periods:

83. A probationary period may be extended by mutual agreement, in writing, between the Union and the City.

The anticipated new ending date for the extended probationary period for Mandana Siyadat will be close of business September 2, 2011 with the understanding that the probationary ending date will be subject to adjustment according to Civil Service Commission Rule 1117, governing Probationary Periods.

Extension of Probationary Period  
Mandana Siyadat, 2469 Diagnostic Imaging Technician III

Thank you for your attention to this matter. If you have any questions, please contact me at (415) 206-5027.

Cathy Abela  
Cathy Abela, Senior Personnel Analyst

6/11/11  
(Date)

Rafael Ibarra  
Rafael Ibarra, Interim Director of Radiology

5/31/11  
(Date)

Brian Moser  
Brian Moser, Radiologic Technologist Supervisor

6/11/2011  
(Date)

Mandana Siyadat  
Mandana Siyadat, Diagnostic Imaging Technician III

5/31/11  
(Date)

(See attached)  
Emma Gerould, SEIU Local 1021, Worksite Organizer

(Date)

APPROVAL

Elizabeth Jacobi  
Elizabeth Jacobi, Human Resources Director

6/1/11  
(Date)

Attachments: Memorandum from Brian Moser, Probationary Status Report, Notice of Probationary Status, SEIU Miscellaneous Article II, Section B

- cc: Mandana Siyadat
- Rafael Ibarra
- Brian Moser
- Emma Gerould
- Yvette Gamble
- Michael Brown
- Personnel File



Page 2

Extension of Probationary Period

Mandana Siyadat, 2469 Diagnostic Imaging Technician III

Thank you for your attention to this matter. If you have any questions, please contact me at (415) 206-5027.

\_\_\_\_\_  
Cathy Abela, Senior Personnel Analyst

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Rafael Ibarra, Interim Director of Radiology

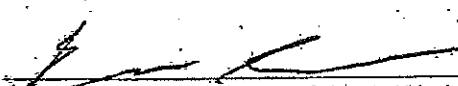
\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Brian Moser, Radiologic Technologist Supervisor

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Mandana Siyadat, Diagnostic Imaging Technician III

\_\_\_\_\_  
(Date)

  
\_\_\_\_\_  
Emma Gerould, SEIU Local 1021, Worksite Organizer

5/31/11  
\_\_\_\_\_  
(Date)

APPROVAL:

\_\_\_\_\_  
Elizabeth Jacobi, Human Resources Director

\_\_\_\_\_  
(Date)

Attachments: Memorandum from Brian Moser; Probationary Status Report, Notice of Probationary Status; SEIU Miscellaneous Article II, Section B.

cc: Mandana Siyadat  
Rafael Ibarra  
Brian Moser  
Emma Gerould  
Yvette Gamble  
Michael Brown  
Personnel File

**Report of Probationary Status**

Mandana Siyadat  
Name of Employee

81-02 DPH-SFGH  
Department / Division

2469 Diagnostic Imaging Tech III  
Class Number and Title

Local 1021 SEIU  
Employee Organization

056924      2  
List Number      Rank

Duration of the Probationary Period: 3 months (Check MOU or ordinance)

Appointee received credit for time. Dates: \_\_\_\_\_ to \_\_\_\_\_  
Specify reason for credit and cite MOU / ordinance or CSC Rule Section 117.05: \_\_\_\_\_

Date Probationary Period Began: 02/09/11 Date Probationary Period Ended: COB 05/08/11  
(Probation begins on start work date in PCS status, not the certification date.)

- Appointee has successfully completed the probationary period.
- Appointee will serve a successive probationary period. (CSC Rule Section 117.06)
- Appointee will resume their probationary period for \_\_\_\_\_ days / months. (CSC Rule Section 117.08)
- Probationary period was extended until 06/03/11. Reason for the extension:
  - to obtain required licenses and/or certificates. (CSC Rule Section 117.04)
  - time taken off for leave, and other types of time off. (CSC Rule Section 117.02.2)
  - other, specify reason: \_\_\_\_\_

Appointee is released during probationary period effective COB \_\_\_\_\_

If the probationary period was extended, please check the reason(s), provide the date(s), and total the number of working days of extension. (Use reverse side if more space is required).

Check	Reason for Extension	Dates		Number of Days
		From	To	
<input type="checkbox"/>	Vacation / Legal & Floating Holidays	<u>2/9/11</u>	<u>5/8/11</u>	<u>11.0</u> *
<input type="checkbox"/>	Authorized Leave			
<input type="checkbox"/>	Unauthorized Absence			
<input type="checkbox"/>	Disciplinary Suspension			
<input type="checkbox"/>	Sick leave with or without pay	<u>2/9/11</u>	<u>5/8/11</u>	<u>3.9</u> *
<input type="checkbox"/>	Other, specify: Overtime Used	<u>2/9/11</u>	<u>5/8/11</u>	<u>1.2</u> *
Total Working Days of Extension				<u>16.1</u> *

Prepared by: \_\_\_\_\_ \* Based on 1.0 hr days  
Signature: Cathy Abela Title: Sr. Personnel Analyst  
Print Name: Cathy Abela Date: 05/24/11

Original: Employee's Personnel File  
cc: Employee  
DHR 6-37 (Revised 8/00)

[Signature]  
Personnel Officer's Signature



Notice of Probationary Status

Mandana Sivadat

2469 Diagnostic Imaging Tech III  
81-02 DPH-SBGH

Local 1021

Type of Probation:

Entrance Probationary

Promotive Probationary

Congratulations on your Permanent Civil Service (PCS) appointment!

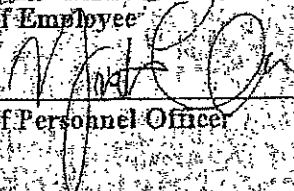
You are now serving your probationary period for your appointment in:

Class **2469 Diagnostic Imaging Tech III**. This is the final and most important phase of the selection process. The probationary period is used to evaluate your performance on the job. The duration of your probationary period is 3 months, and begins on 2/9/2011 and is scheduled to be completed COB 5/8/2011. Extensions of your probationary period are governed by the Civil Service Commission Rules and provisions in your Memorandum of Understanding (MOU) or ordinance. During this probationary period, you may be released by your appointing officer at any time in accordance with Civil Service Commission Rule 117 -- Probationary Period.

Please sign below acknowledging that you understand this notice and have received a copy of it.

  
\_\_\_\_\_  
Signature of Employee

2-18-11  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Personnel Officer

Original: Employee's Personnel File  
cc: Employee's Immediate Supervisor  
Employee

See Reverse Side for Excerpts from CSC Rule 117 -- Probationary Period

DHR 6-38 (8/00)

Excerpts from Civil Service Commission Rule 117 - Probationary Period

**RULE 117**

**Probationary Period**

Applicability: Unless otherwise noted, the provisions of Rule 117 apply to employees in all classes.

**Sec. 117.01 Requirement for a Probationary Period**

- 117.01.1 Any person appointed to a permanent civil service position shall serve a probationary period.
- 117.01.2 Nothing in these provisions is intended to infringe upon or restrict the authority of an appointing officer in releasing a probationary employee as provided in these Rules.

**Sec. 117.02 Definition of Probationary Period**

The probationary period is defined as:

- 117.02.1 The final and most important phase of the selection process and is to be used for evaluating the performance of an employee in the position to which appointed, and
- 117.02.2 A period of regularly scheduled hours worked, excluding any time off for leave, vacation, other types of time off, or overtime.

**Sec. 117.03 Appointments subject to the Probationary Period**

A probationary period is required for all of the following types of permanent appointments:

- 117.03.1 Appointment from an eligible list.
- 117.03.2 Appointment following layoff or involuntary leave when the appointment is to a class and/or department other than the one from which laid off, or when a probationary period has not been previously served in the class and department.
- 117.03.3 Appointments by transfer to a position in the same class in another department, status transfer under the status rights of Americans With Disabilities Act provisions of these Rules, or technological transfer.
- 117.03.4 Reappointment of resignees.
- 117.03.5 Reinstatement at the request of the employee to a permanent position in a former class in a department other than a department in which the probationary period had been completed in this former class.
- 117.03.6 Advancement from a part-time position to a full-time position except if the employee had previously served a probationary period in a full-time position in the same class in the same department.
- 117.03.7 Reversion by a promotive probationary employee to a position in a former class in which the probationary period has been completed, except if the employee has previously served a probationary period in the same department in that class.

(Issue 6/27/00)

ARTICLE II - EMPLOYMENT CONDITIONS

81. 9. A current regularly scheduled provisional employee who receives a permanent appointment in his or her class in another department shall have his or her probationary period reduced by the time served by that employee in the same classification, but all such probationary periods shall be at least three (3) months.

82. 10. The probationary period for 8237, 8238 and 8239 Public Safety Dispatchers hired on or after July 1, 2007 shall conclude six (6) months after an employee's successful completion of the Department of Emergency Management training program.

83. A probationary period may be extended by mutual agreement, in writing, between the Union and the City.

84. An employee who is granted a leave while serving a probationary period shall have such probationary period extended by the period of such leave in order to complete the required period of service. Disability leave shall extend the probationary period in all cases.

C. CONTRACTING OUT OF WORK

85. Due to the size of the bargaining unit and the diversity of the classifications and employees within the unit, which enable the employees to perform various services in the diverse communities served by the City, the Mayor and the Union agree that, for the term of this 2006-2009 Agreement, the Mayor shall instruct the City's Department Heads over whom he has budgetary authority that

86. Department heads shall not initiate and the Mayor shall not approve requests to contract out any routine work currently performed by existing employees represented by the Union; and

87. Department heads shall not lay-off current bargaining unit members or eliminate existing bargaining unit positions as a result of contracting out.

88. This instruction shall not in any way affect (i) existing contracts (which shall include proposed contracts funded with monies appropriated in the 1996-97 budget), (ii) renewals, amendments or extensions of those contracts, or (iii) new contracts either for services already contracted out or arising from the City's receipt of new and/or additional federal, state, or grant funds designated for new or unique programs. However, such funds shall not include growth in general fund or enterprise revenues in force and effect at the time of the signing of this Agreement.

89. The Mayor agrees that it is not the intent of the City to use the contracting out process to avoid prevailing wages, compliance with MBE/WBE requirements, or payment of health or other benefits.

90. Notwithstanding any other provision of this section, the Mayor may propose pursuant to the City's standard procedures to contract out work currently performed by existing City employees (a) where external funding sources require the use of outside third parties to perform services; or (b) in emergency situations, as determined by the Mayor and upon a majority vote of the Board of Supervisors.

91. Should the Mayor determine that the restrictions contained in this section unduly interfere with a Department's or the City's ability to provide appropriate services to the diverse communities within the City, the Mayor and the Union agree to meet in order to resolve the concerns. If the Mayor and

City and County of San Francisco  
Ed Lee, Mayor

Department of Public Health  
San Francisco General Hospital  
Brian Moser - Radiology Supervisor



To: Mandana Siyadat

From: Brian Moser, Radiology Supervisor  
Rafael Ibarra, Interim Radiology Director

Date: May 25, 2011

Re: May 24, 2011 Discussion

This is to reiterate our discussion on May 24, 2011. You did not fulfill the requirements of the 25 mammographies performed under direct supervision that you were asked to do on March 9, 2011. Even if we look at the days you provided to document your supervise mammographies going back to January 2011, you still have not been able to fulfill the 10 mammographies per week to bring your numbers to the required standard. Therefore, we are not able to pass you on probation at this point. We gave you an opportunity to extend your probationary period for six months to meet this requirement, which you agreed to.

We will try to assist you to make sure that you complete 25 directly supervised mammographies beginning on or about June 3, 2011. We will also make sure once you complete the 25 directly supervised mammographies that you will have enough mammographies assigned to you so that you have enough to continue to meet the requirements to maintain the status in your position.

City and County of San Francisco  
Ed Lee, Mayor

Department of Public Health  
San Francisco General Hospital  
Brian Moser – Radiology Supervisor



To: Cathy Abela, Senior Personnel Analyst  
Human Resources, Labor Relations Division

From: Brian Moser, Radiology Supervisor  
Rafael Ibarra, Interim Radiology Director

Date: May 25, 2011

Re: Request for Extension of Probation – Mandana Siyadat

Per our discussion with Mandana Siyadat on May 24, 2011, the Radiology Department is requesting an extension of the probationary period for Mandana Siyadat, 2469 Radiology Technician, III for an additional six (6) months. Her probationary period has already been extended by time taken off and is expected to end on June 3, 2011.

Attached is a summary of the discussion that we had with Mandana Siyadat on May 24, 2011. In attendance at the meeting were Rafael Ibarra – Interim Radiology Director and Brian Moser – Radiology Supervisor. Ms. Siyadat was unsuccessful in maintaining an acceptable performance standard and must be recertified to take mammograms.

The extension which was mutually agreed upon, will provide her the opportunity to bring her into compliance and give her the support to make her successful.

Thank You in advance for processing this request.

Cc: Michael Brown

May 24-25 Communications from Ibarra/Moser to Abela/Jafarih  
re: Siyadat's Probation Extension

**EXHIBIT I**



**From:** Sherminah Jafarieh/DPH/SFGOV  
**To:** Rafael Ibarra/DPH/SFGOV@SFGOV  
**cc:** Brian Moser/DPH/SFGOV@SFGOV

---

**Date:** Tuesday, May 24, 2011 04:36PM

**Subject:** Re: Mandana Action plan

History:  This message has been replied to.

---

Thanks Raf,  
I think this a fair compromise. How will she complete her hours? Who observes?  
Has a discussion been had with her that explains that this matter impacts staff time and resources- as she needs to be observed by staff and her own scope of work in the charge tech capacity is compromised for some time.

What is her schedule moving fwd between AVON and Main Radiology?

Sherminah

Sherminah Jafarieh, M.S.  
Associate Hospital Administrator  
Director of Diagnostic & Wellness Services  
San Francisco General Hospital & Trauma Center

Office: (415) 206-5804  
Fax: (415) 206-3434  
Email: sherminah.jafarieh@sfdph.org

 Rafael Ibarra/DPH/SFGOV

**Rafael  
Ibarra/DPH/SFGOV**

To: Sherminah Jafarieh/DPH/SFGOV@SFGOV  
cc: Brian Moser/DPH/SFGOV@SFGOV  
Subject: Mandana Action plan

05/24/2011 04:31 PM

The plan for helping Mandana meet the states requirements of performing the minimum of 200 mammograms per 24 months for her mammography certification will be to extent her probationary period for another six months in order give her the opportunity to perform 25 supervised mammography exams. We met with Mandana today and she agreed on the probation extension to help her meet the necessary requirement. Her current probation period would have ended June 7th 2011 and she would have not passed her probation due to her not being compliant with with her Mammography certification.

This plan was developed with the help of HR.

This plan was a good compromised meeting the department's and the state's regulatory requirements and coaching the employee to meet her obligation in keeping her Mammography certification and keeping her in her current city position.

**From:** Brian Moser/DPH/SFGOV  
**To:** Catherine Abela/DPH/SFGOV@SFGOV, Rafael Ibarra/DPH/SFGOV

---

**Date:** Wednesday, May 25, 2011 11:35AM  
**Subject:** Mandana Siyadat

---

Hi Cathy,

Rafael Ibarra and I met with Mandana Siyadat yesterday 5/24/2011. We discussed the issue of her being out of compliance by not maintaining her 200 mammographies performed in the previous 24 month period that led to her unsuccessful completion of her probationary period. We explained that in order to help her with her issue of non compliance that we could extend her probationary period by six months in order for her to meet the necessary requirements for her mammography license. She agreed to the extension of her probationary period. We discussed that we would come up with a plan of action to help her along the way and give her the support to make her successful. If you have any questions or require more information, please do not hesitate to contact me.

Thank You,

Brian Moser CRT,ARRT (R)(CT)  
AVON Breast Imaging Center Supervisor  
Department of Radiology, San Francisco General Hospital  
(415) 206-3122

City and County of San Francisco  
Ed Lee, Mayor

Department of Public Health  
San Francisco General Hospital  
Brian Moser – Radiology Supervisor



To: Cathy Abela, Senior Personnel Analyst  
Human Resources, Labor Relations Division

From: Brian Moser, Radiology Supervisor  
Rafael Ibarra, Interim Radiology Director

Date: May 25, 2011

Re: Request for Extension of Probation – Mandana Siyadat

Per our discussion with Mandana Siyadat on May 24, 2011, the Radiology Department is requesting an extension of the probationary period for Mandana Siyadat, 2469 Radiology Technician III for an additional six (6) months. Her probationary period has already been extended by time taken off and is expected to end on June 3, 2011.

Attached is a summary of the discussion that we had with Mandana Siyadat on May 24, 2011. In attendance at the meeting were Rafael Ibarra – Interim Radiology Director and Brian Moser – Radiology Supervisor. Ms. Siyadat was unsuccessful in maintaining an acceptable performance standard and must be recertified to take mammograms.

The extension which was mutually agreed upon, will provide her the opportunity to bring her into compliance and give her the support to make her successful.

Thank You in advance for processing this request.

Cc: Michael Brown

June 9, 2011 Memorandum from Moser/Ibarra to Siyadat  
re: Proposed Schedule

**EXHIBIT J**

#9

To: Mandana Siyadat

From: Brian Moser Avon Supervisor and Rafael Ibarra Interim Director

Date: 6/9/11

Re: Proposed schedule

Going forward the schedule will be as follows:

Tuesday and Wednesday – Diagnostic Main department to continue training and orientation

Thursday and Friday – Mammo – may be assigned to a room to help you maintain the requirements for mammo

Sterotactic Biopsy assigned – Third Wednesday of the month – Thursday or Friday in the Diagnostic Main Department for that week

Beginning June 27 the scheduled hours will be 7:00 am – 5:30 pm to have an overlap shift.

This schedule is subject to change based on departmental needs.

Attachment 1: Emails re: July 12, 2011 Training  
Attachment 2: Emails re: October 6, 2011 Training

**EXHIBIT K**

## **Attachment 1**


Brian Moser/DPH/SFGOV  
07/07/2011 03:18 PM

To Mandana Siyadat/DPH/SFGOV@SFGOV  
cc Ana Vieira-Ribeiro/DPH/SFGOV@SFGOV  
bcc  
Subject Re: Fw: CPR Recertification - 7/13/11 (Class Instructions)

Which session will you be attending?

Thank You,

Brian Moser CRT,ARRT (R)(CT)  
AVON Breast Imaging Center Supervisor  
Department of Radiology, San Francisco General Hospital  
(415) 206-3122  
Mandana Siyadat/DPH/SFGOV

 Mandana  
Siyadat/DPH/SFGOV  
07/07/2011 01:34 PM

To Brian Moser/DPH/SFGOV@SFGOV  
cc Ana Vieira-Ribeiro/DPH/SFGOV@SFGOV  
Subject Fw: CPR Recertification - 7/13/11 (Class Instructions)

I have a CPR class next Wed.

Thank you  
Mandana Siyadat  
Lead Technologist  
Avon Comprehensive Breast Center  
San Francisco General Hospital  
415 206 4483

—Forwarded by Mandana Siyadat/DPH/SFGOV on 07/07/2011 01:31PM —

To: rachel.abdel@sfdph.org, laurie.agrillo@sfdph.org, cynthia.jane.anderson@gmail.com, gleproks2000@yahoo.com, alcm09@yahoo.com, Lbandura25@gmail.com, musi62jam@yahoo.com, shivsingh@msn.com, irin.blanco@sfdph.org, cymphany@hotmail.com, Corey@BancroftCaballero.com, rosanna@hotmail.com, midwife.kristen@gmail.com, lenny.chan@sfdph.org, cabpatch@mindspring.com, sisinacortez@comcast.net, mdobbas@gmail.com, leslie.dubbin@sfdph.org, efferonwanda@yahoo.com, TAJ96@aol.com, cfeakins@php.ucsf.edu, susan.flores@sfdph.org, elainefokdds@gmail.com, VICTOR.FONTILLAS@SFDPH.ORG, lorettafoster@gmail.com, jingfrancisco@hotmail.com, robert.franklin@ucsf.edu, denise.gomez\_m@yahoo.com, patricia.gray@sfdph.gov, suzanne.harris@ucsfmedctr.org, ryanthebold@hotmail.com, richsfe@gmail.com, kristinahung@gmail.com, kristinahung@gmail.com, maryanneisrael@yahoo.com, maryanneisrael@yahoo.com, brotherbear57@hotmail.com, zjaner@gmail.com, danieltaegunjin@gmail.com, Mark.Josselson@gmail.com, rita.lam@sfdph.org, salrah@earthlink.net, leachh@sbcglobal.net, kathleen.leyva@sfdph.org, Sarena.Li@sfdph.org, Sarena.Li@sfdph.org, kathleen.lynch@sfdph.org, ellemore@yahoo.com, rspt@risingsunpt, karenop@yahoo.com, denofmars@gmail.com, david.paul@sfdph.org, les\_villa98@yahoo.com, pollytess815@yahoo.com, dana.russ@sfdph.org, sealsf\_2000@yahoo.com, mandana.siydat@sfdph.org,



mandana.siyadat@sfdph.org, georgesoaka@yahoo.com, stengele@orthosurg.ucsf.edu,  
Riley.Surber@sfdph.org, mtalavera@medsfgh.ucsf.edu, mpctamayo@yahoo.com,  
mpctamayo@yahoo.com, jesykah23@gmail.com, stephanie.tsao@sfdph.org, stephanie.tsao@sfdph.org,  
louis.vizcarrondo@sfdph.org, kathrynandlaine@gmail.com, ellen.zhou@sfdph.org  
From: Fred Ryan/DPH/SFGOV  
Date: 07/06/2011 06:39AM  
Subject: CPR Recertification - 7/13/11 (Class Instructions)

You are receiving this e-mail because you registered to attend next week's (7/13/11) CPR Re-certification course.

To comply with American Heart Association standards as a CPR provider site we are required to conduct the class in the following manner:

Classes will be approximately 2.5 hours in length.

Session One:	7:30 am - 10:00 am
Session Two:	10:00 am - 12:00 am
Session Three:	1:00 pm - 3:30 pm

Class will consist of an American Heart Association video, skill stations and written post test, in that order.

- You must be present at the start of the class. If you are late you will not be admitted and will need to reschedule.
- You must bring proof of current American Heart Association Certification to class. If you present without proof of certification you will be unable to attend and will need to reschedule.
- Classes will be held at the CHN Building (corner of 25th and Potrero) second floor training rooms, Rm #2001.

Please contact me if you have any questions.

Frederick Ryan  
San Francisco General Hospital  
Tel: (415) 206-4699

Brian Moser/DPH/SFGOV  
07/08/2011 12:30 PM

To "Malm, Annette" <Annette.Malm@hologic.com>  
cc "Martin, Corey" <Corey.Martin@hologic.com>, "Thomsen, Jane" <Jane.Thomsen@hologic.com>, Nancy  
Toscano/DPH/SFGOV  
bcc  
Subject Re: Apps Training

That is great. We have 3 patients beginning at 8:30 am, 9:30am and 11:30am. You should probably arrive by 8 or so.

Thank You,

Brian Moser CRT.ARRT (R)(CT)  
AVON Breast Imaging Center Supervisor  
Department of Radiology, San Francisco General Hospital  
(415) 206-3122  
"Malm, Annette" <Annette.Malm@hologic.com>



"Malm, Annette"  
<Annette.Malm@hologic.com>  
>  
07/08/2011 12:10 PM

To "Martin, Corey" <Corey.Martin@hologic.com>,  
"Brian Moser@sfdph.org" <Brian.Moser@sfdph.org>  
cc "Thomsen, Jane" <Jane.Thomsen@hologic.com>  
Subject Re: Apps Training

Hi Brian-

I am the clinical educator for San Francisco and will be able to support applications/cases on Tuesday, July 12th. What time would you like to start training? What time are the cases scheduled for?

If you would like another training session my manager Jane Thomsen is available on July 19th to support cases. I have copied her on this email as well.

Thanks!

-Annette

**From:** Martin, Corey  
**Sent:** Friday, July 08, 2011 02:21 PM  
**To:** Thomsen, Jane; Malm, Annette  
**Subject:** Fw: Apps Training

Hello,

SF gen needs some training can either of you follow up.

Thank you

Corey

**From:** Brian Moser [mailto:Brian.Moser@sfdph.org]  
**Sent:** Friday, July 08, 2011 02:13 PM  
**To:** Martin, Corey  
**Cc:** Nancy Toscano <Nancy.Toscano@sfdph.org>; Mandana Siyadat <Mandana.Siyadat@sfdph.org>  
**Subject:** Apps Training

Hi Corey,

We have a new Radiologist, Natasha Brasic and 2 new fellows here at Avon. We would like to get some applications training to orient everyone. The dates that we have procedure days are 7/12, 7/19, 7/27, 8/2, 8/9, and 8/16. We would like to schedule this as early as this Tuesday if possible, please let me know.

Thank You,

Brian Moser CRT.ARRT (R)(CT)  
AVON Breast Imaging Center Supervisor  
Department of Radiology, San Francisco General Hospital  
(415) 206-3122

#15

**From:** Mandana Siyadat/DPH/SFGOV  
**To:** Rafael Ibarra/DPH/SFGOV  
**cc:** Emma.Gerould@seiu1021.org

---

**Date:** Wednesday, July 13, 2011 06:48PM  
**Subject:** Training In Avon

---

Per our conversation on July 12,2011 as you directed me to document our discussion.

on July 12,2011 there was an application specialist from Hologic on the new needle called EVIVA used for stereotactic blospy. I did not get official training on this device since I was out due to my Breast surgery.

Brian Moser Avon Breast Center Supervisor,refused to allow me, as Mammography Charge and Mammography QC Technologist, to train.

When I addressed this issue to you, your response to me was that Brian has discretion to do whatever he wants to do he is the Supervisor.

Mandana Siyadat  
Lead Technologist  
Avon Comprehensive Breast Center  
San Francisco General Hospital  
415 206 4483

## **Attachment 2**

**Valdez, Matthew**

---

**From:** Nancy Toscano <Nancy.Toscano@sfdph.org>  
**Sent:** Monday, April 01, 2013 9:15 AM  
**To:** Valdez, Matthew  
**Subject:** Fw: Applications follow up visit 10/4-10/6, San Francisco, CA, San Francisco General Hospital, SO#1031136  
**Attachments:** Agenda 3 day Selenia AWS revised August 2011.doc

Hi Matthew,

In regards to our meeting on Wednesday, this is the only email I could find with the dates for the Oct 2011 training.

Nancy Toscano, CRT, RT(R)(M)  
Charge Technologist  
Lead QC Technologist  
Avon Comprehensive Breast Care Center  
SF General Hospital  
415-206-8041

-----Forwarded by Nancy Toscano/DPH/SFGOV on 04/01/2013 09:09AM -----

**To:** Nancy Toscano/DPH/SFGOV, Mary McGinty/DPH/SFGOV@SFGOV  
**From:** Brian Moser/DPH/SFGOV  
**Date:** 09/21/2011 09:27AM  
**Subject:** Fw: Applications follow up visit 10/4-10/6, San Francisco, CA, San Francisco General Hospital, SO#1031136

FYI.....Any suggestions?

Thank You,

Brian Moser CRT.ARRT (R)(CT)  
AVON Breast Imaging Center Supervisor  
Department of Radiology, San Francisco General Hospital  
(415) 206-3122

----- Forwarded by Brian Moser/DPH/SFGOV on 09/21/2011 09:26 AM -----

"Flores, Evelyn"  
<[Evelyn.Flores@hologic.com](mailto:Evelyn.Flores@hologic.com)>

To Brian Moser <[Brian.Moser@sfdph.org](mailto:Brian.Moser@sfdph.org)>

09/21/2011 06:59 AM

cc

Subject RE: Applications follow up visit 10/4-10/6, San Francisco, CA, San Francisco General Hospital, SO#1031136

Good morning Brian,

I have attached a copy of our typical applications agenda for your review. I know all the technologists are experienced with using the Selenia already and the specialist will contact you to finalize an agenda that will work for your technologists.

Thanks,  
*Evelyn Flores*  
Clinical Services Coordinator/Hologic, Inc.  
Phone 203-207-4591

**From:** Flores, Evelyn  
**Sent:** Tuesday, September 20, 2011 7:12 PM  
**To:** 'Brian Moser'  
**Subject:** Applications follow up visit 10/4-10/6, San Francisco, CA, San Francisco General Hospital, SO#1031136

Hello Brian,

It was nice speaking with you. As we discussed yesterday, I will have the Clinical Service Specialist, Kathleen Banko come to your facility for follow up visit on the Selenia Mammography System to work with up to 5 technologists on QC and answer any questions. I will also ask her to spend time reviewing needle loc procedure questions with the radiologist as you mentioned and have Kathy contact you prior to her visit to go over a potential schedule for the technologists, since everyone is experienced with the system an agenda will be set up accordingly.

Please let me know if you have any questions or concerns.

Thank you,  
*Evelyn Flores*  
Clinical Services Coordinator  
HOLOGIC, Inc.  
Danbury, CT  
Phone: 203-207-4591  
Fax: 203-207-4596  
[evelyn.flores@hologic.com](mailto:evelyn.flores@hologic.com)

**Preparation Guide and Agenda  
for  
Applications Training  
on the  
Selenia  
Full-Field Digital Mammography System**

**Note:** This is intended to be a *guideline* for training preparation. Your Clinical Applications Specialist will be in contact with you to discuss specific details for your facility.



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## **Scheduling of Applications:**

Clinical Applications is instructional training provided by a Clinical Applications Specialist from Hologic. The training includes both didactic instruction and hands-on clinical patient examinations.

All training is coordinated through the Clinical Services Coordinators at the Hologic corporate office in Danbury, Connecticut:

Email: [appschedule@hologic.com](mailto:appschedule@hologic.com)

## **Length of Applications:**

Application training for a Selenia is conducted on 3 consecutive days, with clinical patients scheduled starting the afternoon of the 2<sup>nd</sup> day and continuing throughout the 3<sup>rd</sup> day.

## **Personnel Included:**

- Personnel should include a core team of a **maximum of 5 technologists certified in radiography with a background in mammography.**
- Their presence is required for the duration of Applications as defined in the training outline to insure eligibility for continuing education credits.
- Two designated Quality Control Technologists should be available as defined in the applications training schedule from this group of 5 technologists.

**Please refer to the Radiologic Technologist New Mammographic Modality Training section of the MQSA Policy Guidance Help System for guidelines on training requirements for new modalities.**

Printer orientation should occur prior to application training for both service personnel and staff.

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## **ACR Requirements:**

As of September 15, 2003, the ACR will serve as the accrediting body for Full Field Digital Mammography (in addition to some states). Each facility must notify the ACR of their purchase of a Digital Mammography system. The ACR states:

*You may begin examining patients with your new unit only after you have sent the ACR your New Unit Addendum with the results of your new unit's Equipment Evaluation indicating that all Food and Drug Administration (FDA) requirements have passed. However, you are not required to wait for a response from the ACR to begin clinical use of the new unit since your facility has a current MQSA certificate.*

*If you are accrediting your facility's first FFDM unit, be aware that the Center for Medicare and Medicaid Services (CMS) will not reimburse for FFDM examination until the FDA has received notification that your facility has applied for accreditation of this unit. In order to get paid by CMS be sure to do the following before you use your new FFDM unit:*

- Fax the application materials with the Equipment Evaluation results to the ACR at (703) 648-9176.*
- After three business days call the ACR at (800) 227-6440 to confirm that the new unit information was sent to the FDA.*

**Facilities can call the ACR to check on the status of their new FFDM unit sooner than the three days.**

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## Training Schedule:

### Day 1 AM

- 8:00am to 9:30am
  - Applications Specialist alone for system preparation and testing
- 9:30am to 12:00pm
  - Introduction of Selenia system to all technologists including:
    - Orientation to digital concepts and digital detector
    - Specifications of unit
    - Orientation to system gantry and operators console

### PM

- 12:00pm to 1:00pm
  - Lunch
- 1:00pm to 5:00pm
  - Introduction to all menus
  - Introduction to image acquisition
  - Practice positioning with SMART paddles
  - Introduction to clinical sequence of operation and unit functionality with phantom exposures
  - Exposure controls and techniques

### Day 2 AM

- 8:00am to 10:00am
  - Quality Control technologists only
    - Introduction to QC tests and documentation
- 10:00am to 12:00pm
  - Continue with Quality Control technologists
    - Additional QC testing and documentation

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## PM

- 12:00pm to 1:00pm
  - Lunch
- 1:00pm to 2:00pm
  - Finish with Quality Control technologists
    - QC testing at SVDX and documentation
- 2:00pm to 5:00pm
  - Perform patient exams and troubleshooting
    - Patients are to be scheduled at least ½ hour apart

## Day 3 AM

- 8:00am to 9:00am
  - QC Technologists only.
    - Perform and review QC tests
- 9:00am to 12:00pm
  - Perform patient exams and troubleshooting
    - Patients are to be scheduled at least ½ hour apart

## PM

- 12:00pm to 1:00pm
  - Lunch
- 1:00pm to 5:00pm
  - Continue supervision of patient exams and troubleshooting
  - Q & A.

**From:** Mandana Siyadat/DPH/SFGOV  
**To:** Brian Moser/DPH/SFGOV@SFGOV  
**cc:** Rafael Ibarra/DPH/SFGOV@SFGOV, Ed Kinchley/DPH/SFGOV@SFGOV

---

**Date:** Thursday, October 06, 2011 11:16AM  
**Subject:** Re: Training

---

If that is the case why has Cora, Yvonne, Nancy T. Mary, Helen who all have already been trained on the selenia been given training again.

In the posting in the Sfgh web side stated:

"Application training is open to all SFGH Mammography Technologists"

Why are you denying me training. Why are you singling me out again.

Mandana Siyadat  
Lead Technologist  
Avon Comprehensive Breast Center  
San Francisco General Hospital  
415 206 4483

-----Brian Moser/DPH/SFGOV wrote: -----

To: Mandana Siyadat/DPH/SFGOV@SFGOV  
From: Brian Moser/DPH/SFGOV  
Date: 10/06/2011 09:03AM  
Subject: Re: Training

Hi Mandana,

This applications training was for the technologists who had not participated in it before. You already had training on the Hologic Selenia and as you know we are very short in staff with the Ceretom Applications as well.

Thank You,

Brian Moser CRT.ARRT (R)(CT)  
AVON Breast Imaging Center Supervisor  
Department of Radiology, San Francisco General Hospital  
(415) 206-3122  
Mandana Siyadat/DPH/SFGOV

**Mandana  
Siyadat/DPH/SFGOV**

To: Brian Moser/DPH/SFGOV@SFGOV  
cc: Rafael Ibarra/DPH/SFGOV@SFGOV  
Subject: Training

10/06/2011 07:29 AM

When am I going to have my training on the new Hologic Selenia Unit? Other Mammography  
Techs seem to have had training already.  
I have not been given a chance to train as of today.

Mandana Siyadat  
Lead Technologist  
Avon Comprehensive Breast Center  
San Francisco General Hospital  
415 206 4483

- Attachment 1: Siyadat's July 2010 to June 2011  
Performance Appraisal
- Attachment 2: Siyadat's Rebuttal to July 2010 to June 2011  
Performance Appraisal
- Attachment 3: Siyadat's July 2009 to June 2010  
Performance Appraisal
- Attachment 4: Merck's Notes on Siyadat
- Attachment 5: Siyadat's July 2011 to June 2012  
Performance Appraisal

**EXHIBIT L**

## **Attachment 1**



**SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER  
PERFORMANCE APPRAISAL SUMMARY**

Every Appraisal Packet must include the following:

- Performance Appraisal Summary
- Initial or Annual Required Elements Review
- Criteria Based Performance Expectations
- (if applicable) SFGH Developmental Plan

Name: <b>Mandana Siyadat</b>	Unit/Dept: <b>Radiology</b>	Title: <b>DIAGNOSTIC IMAGING TECH III</b>
Evaluator: <b>Brian Moser/RJ Merck</b>	Unit/Dept: <b>Radiology</b>	Title: <b>Radiology Supervisor</b>
Reason for report: <input type="checkbox"/> 90 days <input type="checkbox"/> 6 months <input checked="" type="checkbox"/> Annual		Period of Report: 07/01/2010 – 06/30/2011

<b>OVERALL RATING</b> (including both performance appraisal and competency validation)	<b>EXCEEDS STANDARDS</b>	<b>MET STANDARDS</b>	<b>DOES NOT MEET STANDARDS</b>
			√
	E = Exceed Standards	M = Met Standards	U = Unmet
All "E" and "U" ratings require documentation below in Sections II or III.			

**Job Duty Performance Standards Exceeded/Areas of Strength :**

**Job Duty Performance Standards Unmet: (see attached developmental plan)**

2a, 3, 4a, 5b, 6a, 7a, 9a and 9b.

**Goals From Prior Year**

Goal #1: Assist in training of the new Supervisor in Avon

- Met       Did not meet reason: *Many times found to be uncooperative and unsupportive of new supervisor.*

Goal # 2: Improve communication skills with colleagues

- Met       Did not meet reason: *Communication skills was mentioned in her 09-10 performance approval and still remains a concern.*

Goal # 3: Focus on improving workflow at Avon Breast Center by working more closely with the technologists

- Met       Did not meet reason: *Mandana does not seem to grasp the concept of improving workflow and does not work with the technologists nor direct them when help as needed.*

2010/2011 Performance Appraisal

**PERFORMANCE APPRAISAL SUMMARY**

Page 2

Goals For This Evaluation [ all that apply]:

- Education Presentation
- Participate in CQI activity
- Participate in task force/committee
- Develop skill or expertise
- Develop/implement patient education program
- Develop/revise policy, protocol or standard
- Contribute to publication
- Other

Goal #1: Perform customer service sweeps daily. Help patient flow within the department

Goal #2: Improve communication skills with colleagues.

Goal #3: Employee-specific goal. This can come from the Supervisor or the employee.

**Education Record Summary**

Date	Class Title	CE	Date	Class Title	CE

Additional Evaluator and Employee comments are optional.

Evaluator Comments:

This Performance appraisal was a combined effort with input from Brian Moser, Radiology Supervisor and RJ Merck, Radiology Supervisor who both spent time supervising Ms. Siyadat during the Performance Appraisal period.

I was initially excited to work with Mandana, as a technologist with her experience is typically enjoyable to work with. Throughout the evaluation period a lot of time was invested coaching and mentoring Mandana to empower her, help her learn to make independent decisions in line with the vision of the hospital, manage her time effectively and to help her learn more effective management skills.

It was soon realized that Mandana had a strong resistance to change and was at times defiant to the idea of change. She had stated many times " I have worked her 23 years ' as if change was not an option.

Mandana has intermittently demonstrated a lack of attention to duty. One example being losing all the patient records and requisitions for the day's schedule which were later found in her trash can. When asked why they were located in her trash can she stated with no remorse " I must have put them there by accident." Another example was when she was ordering supplies. The department would consistently be short on supplies which would have to be ordered on an emergency basis. At one time she ordered 10 cases instead of 10 pieces of an item which created a minor dilemma for the department. Due to these frequent errors we selected someone else to assist with ordering. Since this change the situation has greatly improved.

Throughout this period there was also many discrepancies noted in Mandana's reporting of her time worked, ranging from flexing sick days to comp time, taking vacation days without department approval and falsifying her sign-in times. She received written letters for falsifying sign in times on 8/10/2011 and 8/31/2011.

On 5/18/2011 a staff meeting was held reviewing patient care preparation and protocols. It was apparent that Mandana was not in agreement with the guidelines during the meeting. I was informed

2010/2011 Performance Appraisal

the following day that when I left the meeting Mandana told the staff "do not listen to him," and "just do what I told you," which undermined the entire purpose of the meeting.

Mandana had asked me to switch the phone line from where her office to a new location. I explained to her that the location she had unilaterally selected for her desk was not conducive to patient care and technologist management as it was too far from the work area. I had asked her to relocate her desk back to where it was originally located. She did not comply. She went a step further and had the phone line moved contrary to our discussion. Mandana asked the prior supervisor, RJ Merck, if she could move the location of her desk in the Summer of 2010. He told her that she should remain where she was nearer to the technologists and exam rooms. RJ indicated that it would be up to the new Supervisor to make any moves in Avon after he arrived in October 2010. When Mr. Merck went on vacation in August 2010, Mandana moved the location of her desk on her own.

There were several occasions when Mandana did not report to her assigned work location based on a schedule that was given to her by Brian Moser, Radiology Supervisor and Rafael Ibarra, Acting Director Radiology. Even though Mandana was presented with a clear schedule she would consistently fail to report to her assigned area. She had to be counseled several time on the importance of reporting to the department to which she is assigned.

Mandana needs to make the effort to complete her General Diagnostic competencies. She has been assigned to the General Diagnostic area since June 28<sup>th</sup>. We look forward to having Mandana be able to work in all aspects of the General Diagnostic area, including doing exams and running the front desk area.

Mandana neglected to maintain her credentials to perform mammography. In order to help her re-qualify she was given a corrective action plan. The corrective action plan required that she perform 25 directly supervised mammography exams by a qualified technologist and have the technologist initial the paperwork. Upon recent review of the paperwork it was discovered that the initials were not those of the supervising technologist and had apparently been forged. When Mandana was asked about this she claimed that the initials were those of the supervising technologist. The technologist CBA was shown the paperwork and confirmed that they were not her initials.

I find all of the above quite disappointing especially with all the time that went into mentoring and coaching Mandana in hopes of making her a helpful asset to the Radiology team. In my career I have lead and developed many technologists with much less experience and have helped make them successful leaders. As a Diagnostic Imaging Technologist III (a charge tech) the department is looking for a team player that can help improve patient care while moving the department forward. Mandana has not shown many qualities that meet the expectations of a DIT III. It is the hope and expectation of the Radiology department that Mandana apply herself toward becoming an integral part of the Radiology and Mammography department.

Throughout the year many conferences with Mandana have been held to address the problems listed above. Little to no progress has been made. At this time the department is at a loss as to how to move forward with her and create a Development Plan that could assist Mandana in becoming a more involved and successful member of the Radiology team.

Employee Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2010/2011 Performance Appraisal

Name: Employee Name  
2469 Diagnostic Imaging Technologist III

Mandana Siyadat certify that I understand the job expectations and performance  
[name of employee]

appraisal criteria of a Diagnostic Imaging Tech III and have received a copy of the job expectations  
[name of position]

and performance criteria.

Mandana Siyadat 10/10/11  
Employee Signature Date

[Signature] 10/10/11  
Reporting Manager Signature Date

- Agree with report     Do not agree with report
- Request conference with reviewer
- Rebuttal attached

Rafael E. Barua 10/11/11  
Reviewer Signature Date

- I certify that I have reviewed this report.
- I have taken the following actions:

- Original to Human Resources     Copy to Employee     Copy to Department Manager
- I will schedule a conference with employee as soon as possible.*

**COMMUNITY HEALTH NETWORK OF SAN FRANCISCO**  
**San Francisco General Hospital and Trauma Center**

**CRITERIA BASED PERFORMANCE**  
**EXPECTATIONS & APPRAISAL REPORT - CLINICAL**

**Working Title:**

Diagnostic Imaging Technologist III

**Position Summary:**

Under direction, the Diagnostic Imaging Technologist III, functions as a lead Diagnostic Imaging Technologist of a shift or an assigned area of diagnostic imaging with responsibility for scheduling staff, assigning tasks, expediting work flow and providing technical assistance; orients and trains new staff in general and/or advanced modalities; documents initial and annual competency; may perform venipuncture, Cardio-pulmonary Resuscitation (CPR), and assist in preparing and/or administering contrast media, as required relative to modality; performs general diagnostic imaging procedures including gastrointestinal (GI), genitourinary (GU), skeletal, thoracic and trauma imaging procedures; may perform diagnostic imaging and/or therapeutic procedures on all age groups for outpatient, inpatient and emergency/trauma patients in Mammography (MM), Computed Tomography (CT), Magnetic Resonance (MRI) and/or Interventional Radiography (IR); assesses general patient condition; documents medical and department records of procedures and events; transports patients; assists in teaching and grading students; and may perform special projects.

**Reporting Relationships:**

- Reports directly to the Supervising Radiologic Technologist or Director, Radiology.
- Evaluated by the Supervising Radiologic Technologist or Director, Radiology.
- Collaborates with Diagnostic Imaging Technologists, X-ray Lab Aides, Receptionists, File Clerks, Nurses, Radiologists and other health care professionals.

**Position Qualifications:**

- Licensure requirements - Current license issued by the State of California as a Certified Radiologic Technologist (CRT).
- Certification requirements - Certification in and current registration with the American Registry of Radiologic Technologists (ARRT); Certification in Cardio-pulmonary Resuscitation (CPR).
- Physical requirements - Ability to move patients from gurney to table and back.
- Language requirements [as applicable]

**Major Responsibilities:**

- Performs general diagnostic imaging procedures using fixed or portable, general, digital or fluoroscopic diagnostic imaging equipment; lifts and carries film cassettes and magazines to and from imaging equipment; positions patients and selects technical factors based on knowledge of radiologic science, specific equipment and patient assessment; processes film;
- Applies principles of radiation safety in compliance with federal, state and departmental standards; uses appropriate filters, cones, protective clothing and devices to obtain high-quality images with radiation exposure levels as low as reasonably achievable to patients, others and self; wears and exchanges radiation monitoring devices;
- Assesses general patient condition, including stability, pain and safety, and as necessary takes action consistent with standards; monitors medical equipment and promptly adjusts or reports problems; observes and documents patient physical and procedural restraints;

2010/2011 Performance Appraisal

- Documents procedures and events in the patient's medical record and departmental logs, in accordance with regulatory, hospital and departmental standards; identifies images and documents with patient, technologist, date/time and laterality information;
- Transports patients using gurneys, wheelchairs and beds; transfers patients to/from exam table;
- Schedules procedures and patients; transfers paper orders into an electronic order entry; produces, processes and collates images and paperwork, and submits them for interpretation; receives and assists patients and other customers; answers departmental telephones; may be assigned to coordinate patient flow;
- May perform venipuncture and CPR; assists physicians in performing procedures by preparing and/or administering contrast media, setting up sterile and non-sterile trays, and providing instruments, medical devices and supplies as requested;
- Assists in the training of student technologists in the science and practice of diagnostic imaging;
- Participates in departmental Quality Improvement efforts;
- Cleans imaging equipment, supplies and procedure rooms; reports failures and problems;
- Performs other related duties as assigned/required.

**Patient/Client Population:**

Culturally and ethnically diverse individuals from all age groups, gender and economic status.

Performance Criteria	Performance Expectations		
	E	M	U
<b>STANDARDS OF PERFORMANCE</b>			
<b><u>PERFORMANCE IMPROVEMENT/RESEARCH</u></b>			
a. Participates in Performance Improvement/Patient Safety activities utilizing the Model for Improvement framework, which includes: <ul style="list-style-type: none"> <li>o Developing Aim statements and performance measures</li> <li>o Collecting and analyzing relevant performance data</li> <li>o Conducting rapid cycle improvements using PDSA methodology.</li> <li>o Using PI data to initiate changes to improve practice and service</li> </ul>		√	
b. Can articulate a performance improvement project either hospital wide or unit/department specific.		√	
c. Adheres to all regulatory and organizational policies and procedures.		√	
d. Attends mandatory classes as required by both regulatory bodies and the organization		√	
e. Maintains research as the scientific foundation for practice by incorporating research findings into practice.		√	
<b><u>2. PERFORMANCE AND EDUCATION</u></b>			
a. Demonstrates accountability for professional competency and growth by: <ul style="list-style-type: none"> <li>• Evaluating own practice in relation to professional standards.</li> <li>• Identifying strengths and areas for development; takes action to achieve goals.</li> <li>• Maintains current professional licensure and certifications.</li> </ul>			√
b. Maintains and upgrades own knowledge, skills, and abilities by participating in: <ul style="list-style-type: none"> <li>• Ongoing education/mandatory classes.</li> <li>• Staff Meetings.</li> <li>• Reviewing and sharing pertinent literature.</li> </ul>		√	

## 2010/2011 Performance Appraisal

Performance Criteria	Performance Expectations		
	E	M	U
<ul style="list-style-type: none"> <li>Reviewing/revising policies and procedures pertinent to the injured patient population.</li> </ul>			
<b>3. COMMUNICATION</b> Communicates effectively with others by: <ul style="list-style-type: none"> <li>Communicating in a constructive, non-judgmental manner.</li> <li>Listening attentively and showing empathy.</li> <li>Managing conflict by addressing issues in a manner that maintains good working relationships.</li> <li>Providing written reports [including patient documentation] and assignments in complete, accurate, readable, and timely manner.</li> <li>Providing and accepting feedback</li> <li>Contributing to the education of staff and students</li> </ul>			√
<b>4. PATIENT, VISITOR, AND STAFF RELATIONS ~ COLLABORATION &amp; ETHICS</b> a. Maintains and promotes a "customer service" philosophy by: <ul style="list-style-type: none"> <li>Demonstrating good interpersonal skills.</li> <li>Cooperating with all levels of staff throughout the organization.</li> <li>Demonstrating flexibility in adapting to changes to meet organizational mission and goals.</li> <li>Respecting patient and employee rights.</li> <li>Managing problems and concerns.</li> <li>Communicating in a courteous and helpful manner.</li> </ul> b. Supports autonomy, dignity, and rights of patients and others by: <ul style="list-style-type: none"> <li>Preserving patient privacy and maintaining confidentiality of information.</li> <li>Performing tasks in a non-judgmental, non-discriminatory manner that is sensitive to individual needs/concerns, cultural diversity and personal limitations</li> <li>Ensures that victims of violence, abuse, and neglect are identified, assessed, reported and given appropriate care and referrals to maintain their safety</li> </ul> c. Establishes collaborative practice with nursing personnel, physicians, and other health care providers.		√	√
<b>5. RESOURCE UTILIZATION &amp; PRODUCTIVITY</b> a. Conserves and maximizes the use of materials and supplies. b. Manages work time effectively, efficiently and productively by: <ul style="list-style-type: none"> <li>Organizing and prioritizing work to maximize productivity during peak work loads as well as slow periods.</li> <li>Completing assignments in a timely manner.</li> </ul>		√	√
<b>6. PERSONNEL</b> a. Adheres to hospital/departmental personnel policies (attendance, punctuality, break times, requesting time off, floating, sexual harassment and violence in the workplace). b. Maintains professional appearance and clean workspace.		√	√
<b>7. LEADERSHIP AND TEAMWORK</b> a. Functions in a leadership role by: <ul style="list-style-type: none"> <li>Assisting co-workers as needed</li> <li>Demonstrating problem solving skills in a manner which promotes patient</li> </ul>			√

Performance Criteria	Performance Expectations		
	E	M	U
advocacy, customer service, and a team approach <ul style="list-style-type: none"> <li>• Initiating action related to patient care and customers service</li> <li>• Responding effectively in stressful situations</li> <li>• Participating actively in committees and unit based processes</li> <li>• Providing leadership by being aware of resources and contributing to the management of staff coordination, materials/supplies, information, and the unit environment to meet patient and unit needs. Reports pertinent issues to the manager</li> <li>• Problem solving patient care issues</li> <li>• Initiating action related to patient care and department management goals</li> <li>• Managing patient care crises</li> <li>• Influencing staff to support and promote organizational goals.</li> <li>• Supporting the goals of the Department of Public Health and San Francisco General Hospital</li> <li>• Acting as a role model</li> </ul> b. Contributing to the professional development of others by: <ul style="list-style-type: none"> <li>• Sharing knowledge and skills</li> <li>• Contributing to the education of staff and students</li> </ul>		√	
<b>9. FOR STAFF IN DEPARTMENTAL LEADERSHIP ROLES</b> <ul style="list-style-type: none"> <li>a. Functions in a supervisory role by:                             <ul style="list-style-type: none"> <li>• Delegating or assigning work based on scope of practice and staff competency</li> <li>• Directing and supervising staff to meet patient care goals as outlined in the plan of care</li> <li>• Evaluating the ability of staff to meet patient care needs</li> <li>• Maintaining effective staffing levels</li> </ul> </li> <li>b. Problem solves departmental management issues</li> <li>c. Manages departmental crises</li> </ul>			√
		√	√

**Rating Scale Definitions**

**Exceeds Standards** = Expert knowledge base. Able to anticipate, identify situations and then modify plans to respond to events. Demonstrates initiative to improve the quality of a department, the health care setting or community. Able to generalize from experience and transfer knowledge to other situations.

**Meets Standards** = Performs job expectations and meets departmental, hospital and regulatory standards. Able to analyze a situation, problems solve and develop short and long range goals; plans and utilizes knowledge effectively and efficiently.



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**Unmet Standards** = Does not meet job expectations and or departmental, hospital or regulatory standards.

San Francisco General Hospital and Trauma Center  
CLINICAL MODEL  
2010-2011 Annual Required Elements/Competencies Review  
Department/Unit: Radiology

**Completion Instructions:** Manager or designee completes required elements checklist and competencies to ensure all required elements and competencies are met at end of orientation period. Required elements and competencies not completed in satisfactory manner must be achieved through a developmental plan.

Name: Mandana Siyadat	Classification #: 2469	Title: Diagnostic Imaging Technologist III
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**METHOD OF VALIDATION:** O = direct observation; RD = return demonstration; T = test; D = documentation review; N/A = not applicable

REQUIRED COMPETENCIES	DATE	O	RD	D	T	N/A	Follow-up/Comments	Evaluator Initials
<b>Patient Safety</b>								
Maintains the accuracy of patient identification								
• Able to state the purpose of having a system for identifying patients	10/6/2011		√					BM
• Able to describe the hospital's model for patient identification by naming two patient identifiers	10/6/2011		√					BM
• Able to state when it is necessary to verify a patient's identity	10/6/2011		√					BM
<b>Demonstrates effective communication among caregivers</b>								
• Uses approved abbreviations	10/6/2011		√					BM
• Articulates policy for taking verbal orders	10/6/2011		√					BM
• Develops patients' plan of care and documents in appropriate places						√		BM
<b>Patient Hand-off and Report with Safe Communication</b>								
Able to verbalize the meaning of SBAR	10/6/2011		√					BM
– Situation	10/6/2011		√					BM
– Background	10/6/2011		√					BM
– Assessment	10/6/2011		√					BM
– Recommendation	10/6/2011		√					BM
<b>National Patient Safety Goals</b>								

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REQUIRED COMPETENCIES	DATE	O	RD	D	T	N/A	Follow-Up/Comments	Evaluator Initials
Can name the national patient safety goals and what is being done at SFGH to meet these goals	10/6/2011		√					BM

REQUIRED COMPETENCIES	DATE	O	RD	D	T	N/A	Follow-Up/Comments	Evaluator Initials
3. AS appropriate, can name a medication ordered for the chosen patient, noting <i>Contrast Only!</i>								
• Indications for its use	10/6/2011		√					BM
• Most common side effects	10/6/2011		√					BM
• Contraindications	10/6/2011		√					BM
<b>Emergency Response Skills</b>								
<b>Code Pink</b>								
Verbalizes department response to Code Pink	10/6/2011		√					BM
<b>2. Fire</b>								
• Verbalizes each step in R.A.C.E. and P.A.S.S. • Rescue persons in immediate danger A – Alarm and Alert 911 C – Contain, close doors and windows Shut off oxygen E – Evacuate or Extinguish	10/6/2011		√					BM
P – Pull A – Aim S – Squeeze S – Sweep								
• Locates 2 fire exits and 2 fire extinguishers in immediate work area	10/6/2011		√					BM
<b>3. Code Blue</b>								
• Locates crash cart in area	10/6/2011		√					
• Verbalizes signs of patient distress	10/6/2011		√					BM
• Verbalizes how to initiate Code Blue	10/6/2011		√					BM
• Describes his/her role during Code Blue or alternative emergency response (example: 911)	10/6/2011		√					BM
<b>4. Bomb Threats</b>								
• Verbalizes bomb threat procedures	10/6/2011		√					BM
<b>5. Emergency Response Plan</b>								

2010/2011 Performance Appraisal

REQUIRED COMPETENCIES	DATE	O	RD	D	T	N/A	Follow-up Comments	Evaluator Initials
• Able to locate								
– The hospital Emergency Response Plan	2/8/2011				√			BM
– Unit Based Disaster Response Plan	2/8/2011				√			BM
– The Unit's Call Back Tree	2/8/2011				√			BM
• Able to Verbalize								
– Knowledge of each level of response for the unit	2/8/2011				√			BM
– Unit's evacuation procedures	10/6/2011		√				ED parking lot Meet 23 <sup>rd</sup> & San Bruno	BM
– Location of the Hospital's Incident Command Center (HICS)	10/6/2011		√				2A6	BM
– Knowledge of city disaster worker responsibilities	10/6/2011		√				Report to work if called. KNBR, KCBS	BM
CCSF Disaster Service Worker ID								
✓ Possess a Disaster Service Worker ID badge at all times (validated by manager)	10/6/2011		√					BM
Health & Safety Requirements								
Annual Employee Health Requirements								
Complies with annual employee health requirements (PPD, Flu, Respiratory Fit Testing Etc.)	04/07/11 04/12/11			√ √			N95 TB	BM BM
Adheres to and promotes safety practices								
• Identifies and reports hazards	5/24/2011				√			BM
• Uses equipment safely and correctly including Personal Protective Equipment (PPE)	5/24/2011				√			BM
• Labels and reports equipment malfunctions in a timely manner	5/24/2011				√			BM
• Locates MSDS Inventory	5/24/2011				√			BM
• Uses proper techniques to avoid work related injuries	5/24/2011				√			BM
• Uses Universal Body Substance precautions	5/24/2011				√			BM

2010/2011 Performance Appraisal

REQUIRED COMPETENCIES	DATE	O	RD	D	T	N/A	Follow up Comments	Evaluator Initials
• Wears an unobstructed and unaltered hospital ID Badge at all times	10/6/2011		√					BM
• Reports work related injury/illnesses within the proper time frame	5/24/2011				√			BM
<b>3. Hazardous Materials:</b>								
• Locates MSDS inventory and verbalizes hazardous materials/chemical spill procedures	5/24/2011				√			BM
<b>4. Infection Control:</b>								
• Follows hand hygiene procedures as specified in Infection Control Policy 3.01	5/13/2011				√			BM
• Uses Universal Body Substance Precautions.	5/13/2011				√			BM
• Demonstrates appropriate respiratory isolation and precautions for self, staff, visitors, and patients	5/13/2011				√			BM
• Identifies indicators that require special precautions (e.g.: special contact precautions) and notifies infection control (when appropriate)	5/13/2011				√			BM
• Understands and adheres to hospital Respiratory Protection practices	5/13/2011				√			BM
• Locates and utilizes appropriate personal protective equipment (goggles, masks, gloves, gowns)	5/13/2011				√			BM
<b>UNIT BASED COMPETENCY #1</b>						√		BM

2010/2011 Performance Appraisal

REQUIRED ELEMENTS		DATE	P	RD	D	T	N/A	Follow up/ Comments	Evaluator Initials
<b>Required Professional License</b>									
<b>Certificate</b>	<b>Expiration Date</b>								
CRT	10/31/2012	10/6/2011			√				BM
CRTF	10/31/2012	10/6/2011							BM
CRTM	10/31/2012	10/6/2011							BM
ARRT	9/2012	10/6/2011							BM
<b>Unit Specific Certifications &amp; Expiration Dates</b>									
<i>(For example: CPR, AHA, PALS, etc.)</i>									
<b>Certificate</b>	<b>Expiration Date</b>								
CPR	7/2013	10/6/2011			√				BM
<b>Education</b>									
<b>1. Health Stream (a record copy of Health Stream transcript)</b>									
Blood Borne Pathogens Cal/OSHA Training	4/28/2011				√				BM
• National Patient Safety Goals	5/24/2011				√				BM
• Infection Control	5/13/2011				√				BM
• Environment of Care	5/25/2011				√				BM
• Compliance	5/24/2011				√				BM
• HIPAA (Privacy) Awareness	5/18/2011				√				BM
• Information Systems Security	5/18/2011				√				BM
<b>2. Blood Borne Pathogens Training (for employees with routine exposure)</b>									
Locates and utilizes appropriate personal protective equipment (Goggles, Masks, Gloves, Gowns)	10/6/2011			√					BM
<b>3. Patient Rights</b>									
<b>Reviews and able to verbalize</b>									
• Confidentiality policy	5/18/2011				√				BM
• Advance directives	5/18/2011				√				BM
• Interpreter policy	5/18/2011				√				BM
• Appropriate customer service skills	5/18/2011				√				BM

2010/2011 Performance Appraisal

REQUIRED ELEMENTS	DATE	G	RP	D	T	AVA	Follow Up Comments	Evaluator Initials
• Right to a physically safe environment	5/18/2011				√			BM
<b>Pain Management Skills</b>								
Follows hospital pain management by								
• Conducting pain assessment, reassessment and documenting response to pain medications (Administrative P&P: 16.23)						√		BM
• Using pain scale	2/8/2011				√			BM
• Utilize unit and discipline specific interventions:						√		BM
– Opiate Infusions						√		BM
– Epidural Infusions						√		BM
– Patient Controlled Analgesic						√		BM
<b>Restraints</b>								
Complies with hospital restraint policy								
Identifying restraint types						√		BM
• Applying restraint(s) correctly						√		BM
• Knowing contraindications and precautions:						√		BM
– Articulates assessment, planning, intervention, evaluation and re-intervention as well as discontinuation of restraints at earliest time						√		BM
– Strives to prevent, reduce and eliminate the use of restraints						√		BM
– Understands inherent risks to the patient associated with restraint use	2/8/2011				√			BM
• Documents monitoring observations, assessments and interventions						√		BM

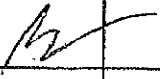

2010/2011 Performance Appraisal

REQUIRED ELEMENTS	DATE	G	RD	D	T	N/A	Follow Up/ Comments	Evaluator Initials
<b>Administration of Medications</b>								
<ul style="list-style-type: none"> <li>States medication precautions, contraindications, adverse reactions, mechanism of reporting and documents according to standard hospital policy (Administrative P&amp;P 16.5 &amp; 16.25)</li> </ul>	2/8/2011				√			BM
<b>Safety Devices</b>								
Safe Needle devices skills checklist completed						√		BM
<b>Unit Staffing</b>								
Can articulate the unit's staffing policy (assignments, skill mix, etc.) and the staffing assignment sheets						√		BM
<b>Population Specific Skills</b>								
Identifies the population specific needs of the patient including needs related to specific age groups and ensures appropriate interventions for the support of patient and family								
✓ Psychiatry	10/6/2011		√					BM
• Cardiology	10/6/2011		√					BM
• Diabetes	10/6/2011		√					BM
• HIV/AIDS	10/6/2011		√					BM
• Substance Use	10/6/2011		√					BM
• Trauma	10/6/2011		√					BM
• Pediatrics	10/6/2011		√					BM
• Geriatrics	10/6/2011		√					BM
• Orthopedics	10/6/2011		√					BM
• Stroke	10/6/2011		√					BM
•								BM
<b>Population Specific Equipment</b>								
• PIGG O STAT	10/6/2011		√					BM
• Easy Lift	10/6/2011		√					BM
<b>Unit Based Skills &amp; Equipment</b>								
• CR & NX								BM
• DR (Swissray)								BM
• Portables								BM

2010/2011 Performance Appraisal

Name: Employee Name  
2469 Diagnostic Imaging Technologist III

REQUIRED ELEMENTS	DATE	O	RD	D	I	N/A	Follow Up / Comments	Evaluator Initials
• C-arm						√		BM
<b>Position/Discipline Specific Skills</b>								
• Mammography	7/14/2011	√						BM

Initials	Name of Evaluator	Title
BM 	Brian Moser	Radiology Supervisor
RJM 	RJ Merck	Radiology Supervisor



2010/2011 Performance Appraisal

**San Francisco General Hospital Medical Center  
Developmental Plan**

*Completion Instructions: The staff member must successfully complete a developmental plan in order to demonstrate initial required elements and competencies for this position.*

NAME **Mandana Siyadat** TITLE **DIAGNOSTIC IMAGING TECH III** POSITION **2469** DATE OF HIRE \_\_\_\_\_

Date Plan Initiated \_\_\_\_\_ Date Plan Completed \_\_\_\_\_

COMPETENCY	LEARNING OBJECTIVES & ACTION PLAN	INSTRUCTION METHOD	VALIDATION METHOD	TARGET DATE	DATE COMPLETED	PRECEPTOR SIGNATURE
2a, 3, 4a, 5b, 6a,						
7a, 9a, 9b						
30						

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instruction Method**

- R = printed material and outside reading
- V = video
- D = demonstration
- I = interactive discussion
- C = computer aided instruction
- E = education courses
- S = simulations
- P = practice sessions

**Validation Method**

- T = written test
- RD = return demonstration
- O = observation
- Q/A = oral question and answer
- C = certification received

## SFGH City and County

### Student Assignment Completion Report

**MANDANA X SIYADAT - USER ID: MXS7008**

Due Date Range: 7/1/2010 Through 8/31/2011

Data as of: 8/31/2011 12:00 AM

Delivered 9/1/201

#### Reporting on

Score Not Yet Due as: **Delinquent**

Include User ID: **Yes**

Include Job Title: **No**

#### Scores

**Total Completed 100.00%**

-COMPLETED ON-TIME: 100.00%

-COMPLETED LATE: 0.00%

Not Yet Due: 0.00%

Past Due: 0.00%

Delinquent: 0.00%

**Total: 100.00%**

Exempt:

**SIYADAT, MANDANA X**

**Student Completion: 100.00%**

Supervisor: HOLLINGSWORTH, RICHARD X

Department: 461384-Radiology - Diagnostic

Items	Not Yet Due	Completed		Past Due	Delinquent	Exempt
	(Is Due On...)	On Time	Late	(Was Due On...)	(As of...)	
<input checked="" type="checkbox"/> 2010 Required Elements		2/8/2011				
<input checked="" type="checkbox"/> 2011 Cultural Understanding		5/18/2011				
<input checked="" type="checkbox"/> 2011 National Patient Safety Goals - Clinical		5/24/2011				
<input checked="" type="checkbox"/> Abuse and Neglect		2/8/2011				
<input checked="" type="checkbox"/> COMPLIANCE - Clinical Staff		2/11/2011				
<input checked="" type="checkbox"/> Disaster Response and Emergency Management for SFGH Campus		4/28/2011				
<input checked="" type="checkbox"/> Emergency Preparedness		5/17/2011				
<input checked="" type="checkbox"/> Environment of Care		5/24/2011				
<input checked="" type="checkbox"/> Environment of Care		5/25/2011				
<input checked="" type="checkbox"/> HIPAA		5/18/2011				
<input checked="" type="checkbox"/> N95 Respirator - 2010		5/18/2011				
<input checked="" type="checkbox"/> San Francisco General Hospital - Baby Friendly Initiative		5/13/2011				
<input checked="" type="checkbox"/> San Francisco General Hospital - Bloodborne Pathogens		4/28/2011				
<input checked="" type="checkbox"/> San Francisco General Hospital - Radiation Awareness		5/18/2011				

- San Francisco General Hospital - Stroke-Clinical 2/11/2011
- SFGH Infection Control - 2010 5/13/2011

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<b>Student Totals</b>	<b>0.00%</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>
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O:HLCWEB5

**Legend:**

- Curriculum
  - Equivalent
  - Course
  - Assessment
-

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Radiologic Health Branch MS 7610  
Box 997414  
Sacramento, CA 95899-7414  
(916) 327-5106 www.cdph.ca.gov/rhb



Dear Radiologic Technologist:  
Your current certificate or permit  
is valid until: OCTOBER 31, 2012

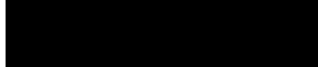
**DISPLAY:**

Your certificate or permit, or a copy thereof, must be prominently displayed at each place where you perform activities which require a technologist certificate or permit.

**CHANGE OF NAME AND/OR ADDRESS:**

Regulations require that you notify this office **WITHIN 30 DAYS** of any change in your name and/or address. Please make the necessary changes on the three lines provided to the left as indicated. Subsequent name and/or address changes should be made by a letter mailed to the address below. Please refer to your certificate number **RHM 46689** in any correspondence with the Department.

**MANDANA SIYADAT**



Print any name and/or address changes below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Radiologic Health Branch MS 7610  
PO Box 997414  
Sacramento, CA 95899-7414

Thank you for your cooperation.

Post certificate or permit where you use the X-ray equipment

Rhtcert1 07/01/07  
Fold Here

dic here

State of California Department of Public Health

THIS CERTIFICATE, ISSUED PURSUANT TO SECTION 17000 OF THE HEALTH AND SAFETY CODE, AUTHORIZES



**Certified Radiologic Technologist**

In testimony whereof, the DEPARTMENT OF PUBLIC HEALTH of the STATE OF CALIFORNIA has caused this CERTIFICATE to be signed by the CHIEF, RADIOLOGIC HEALTH BRANCH.

10/34

Original viewed

AYR  
12-14-10

Certificate No. RHM 46689  
Expires OCTOBER 31, 2012

Gary W. Butner, Chief  
Radiologic Health Branch

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Radiologic Health Branch MS 7610  
Box 997414  
Sacramento, CA 95899-7414  
327-5186 www.cdph.ca.gov/rhb



Dear Mammographic Technologist:  
Your current certificate  
is valid until: OCTOBER 31, 2012

**DISPLAY:**

Your certificate, or a copy thereof, must be prominently displayed at each place where you perform activities which require a Mammographic certificate.

**MANDANA SIYADAT**



**CHANGE OF NAME AND/OR ADDRESS:**

Regulations require that you notify this office **WITHIN 30 DAYS** of any change in your name or address. Please make the necessary changes on the three lines provided to the left as indicated. Subsequent name and/or address changes should be made by a letter mailed to the address below. Please refer to your certificate number **RHM 46689** in any correspondence with the Department.

Print any name and/or address changes below

Radiologic Health Branch MS 7610  
PO Box 997414  
Sacramento, CA 95899-7414

Thank you for your cooperation.

Post certificate where you use the Mammographic equipment.

Mamtech 07/01/07  
Fold Here

State of California Department of Public Health

THIS CERTIFICATE, ISSUED PURSUANT TO SECTION 17077 OF THE HEALTH AND SAFETY CODE, AUTHORIZES



20134

Original viewed

In testimony Whereof, the DEPARTMENT OF PUBLIC HEALTH of the STATE OF CALIFORNIA has issued this CERTIFICATE: has caused the same to be signed by the CHIEF, RADIOLOGIC HEALTH BRANCH.

AW  
12-14-10

Certificate No. RHM 46689  
Expires OCTOBER 31, 2012

*Gary W. Butner*  
Gary W. Butner, Acting Chief  
Radiologic Health Branch

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Radiologic Health Branch MS 7610  
PO Box 997414  
Sacramento, CA 95899-7414  
6) 327-5106 www.cdph.ca.gov/rhb



De Radiologic Technologist,  
Your current permit  
is valid until: OCTOBER 31, 2012

**DISPLAY:**

Your permit, or a copy thereof, must be prominently displayed at each place where you perform activities which require an Radiologic Technologist Fluoroscopy permit.

**MANDANA SIYADAT**



**CHANGE OF NAME AND/OR ADDRESS:**

Regulations require that you notify this office **WITHIN 30 DAYS** of any change in your name and/or address. Please make the necessary changes on the three lines provided to the left as indicated. Subsequent name and/or address changes should be made by a letter mailed to the address below. Please refer to your permit number **RHM 46689** in any correspondence with the Department.

Print any name and/or address changes below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Radiologic Health Branch MS 7610  
PO Box 997414  
Sacramento, CA 95899-7414

Thank you for your cooperation.

Post your permit where you use the X-ray equipment

Rhprn11 07/01/07  
Fold Here

State of California Department of Public Health  
Radiologic Technologist Fluoroscopy Permit

THIS PERMIT, ISSUED PURSUANT TO SECTION 114870(G) OF THE HEALTH AND SAFETY CODE, AUTHORIZES



TO PERFORM FLUOROSCOPY PROCEDURES AND EXAMINATIONS IN ACCORDANCE WITH THE RADIOLOGIC TECHNOLOGY LAWS, REGULATIONS AND RULES PROMULGATED PURSUANT THERETO, AND AS SPECIFIED BY THE X-RAY SUPERVISOR AND OPERATOR WHO IS CURRENTLY SUPERVISING THE ABOVE NAMED TECHNOLOGIST, IN ACCORDANCE WITH THE PROVISIONS OF SECTION 30005(B) TITLE 17 CALIFORNIA CODE OF REGULATIONS.



In Testimony Whereof, the DEPARTMENT OF PUBLIC HEALTH of the STATE OF CALIFORNIA has caused this PERMIT to be caused to be signed by the CHIEF, RADIOLOGIC HEALTH BRANCH.

30789

Original viewed

AW  
12-14-10

*Gary W. Butner*

Gary W. Butner, Chief  
Radiologic Health Branch

Permit No. RHM 46689  
EXPIRES: OCTOBER 31, 2012

# RHB Permits and Certificates on the Web

Database Last Updated 10/22/2010 7:46:45 AM  
[Click here to search](#)

This Radiologic Health Branch searchable list provides the most up to date information on valid and current certificates and permits. The searchable list will not display any certificates/permits that are not currently valid for any reason, or that have expired as of the last updated date indicated above.

A person who holds a valid and current certificate or permit must display it, or a copy, at his or her worksite. It is the possession of a valid authorization, certificate, or permit that allows a person to use x-rays in the healing arts. The Appearance of his or her name on this list verifies the current validity of any certificate/permit listed.

New certificates and permits, and certificates and permits in renewal that are not listed may still be in the process of being updated. If these certificates/permits do not appear, you should wait until the next update (once a day).

If you discover a mistake or have concern about the validity of any certificate/permit, please [click here to send an email to Radiologic Health Branch](#). Please do not call the Radiologic Health Branch as sending an e-mail will allow us to respond more quickly to your message.

The Radiologic Health Branch searchable list may be printed and posted as a VALID TEMPORARY AUTHORIZATION, acceptable for the following conditions:

1. During the hiring process. Only valid as an authorization for the categories listed below and only until the valid certificate/permit arrives.
2. During certificate/permit renewal processing. The authorization is valid based upon the new expiration date and only while it is attached to the expired certificate/permit.

Please note that a certificate/permit may take up to 4 to 6 weeks to arrive.

**License Details**

License/Permit Holder: MANDANA SIYADAT  
License Number: RHM 00046689  
License Title: DIAGNOSTIC RADIOLOGIC TECHNOLOGY  
Expiration Date: 2012-10-31

License/Permit Holder: MANDANA SIYADAT  
License Number: RHM 00046689  
License Title: FLUOROSCOPY  
Expiration Date: 2012-10-31

License/Permit Holder: MANDANA SIYADAT  
License Number: RHM 00046689  
License Title: MAMMOGRAPHIC RADIOLOGIC TECHNOLOGY

Expiration Date: 2012-10-31  
End of License Details

[Return to Search](#)

4 of 4

Verified online

HP/AM  
10-22-10

PLEASE VERIFY THAT ALL INFORMATION IS CORRECT. NOTE ANY CORRECTIONS ON THE REVERSE SIDE OF THIS FORM.

ARRT ID# 195864



**THE AMERICAN REGISTRY OF  
RADIOLOGIC TECHNOLOGISTS®**

USE ORIGINAL CARD FOR VERIFICATION

I.D. Number

Valid Thru/End Of

195864

SEP-2012

MANDANA SYADAT, R.T. (B)(M) (ARRT)



Status In CE Compliance

CE Biennium  
09/01/2010  
08/31/2012

BEND & LIFT

SEE BACK OF CARD FOR REGISTRATION CATEGORIES

1 of 2

Original viewed Atk

8-30-11

Employee requested  
exclusion from ARRT Directory



ARRT - VERIFY CREDENTIALS

NOTE: This directory was updated at the close of the last business day. The ARRT provides this information regarding technologist registration status and considers it to be a primary source of Registered Technologist verification.

Name MANDANA SIYADAT  
City, State, Zip [REDACTED]  
Credentials RT (R)(M)(ARRT)  
Valid Thru 09/2012  
CE Biennium 9/1/2010 to 8/31/2012

Credential Description

Copyright 2011 The American Registry of Radiologic Technologists®

Verified online

HR/AWR

2 of 2

9-22-11

HEALTHCARE PROVIDER HEALTHCARE PROVIDER

# Healthcare Provider



PEEL  
HERE

Siyadat, Mandana

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

07/2011

Issue Date

07/2013

Recommended Renewal Date

Training Center Name SFGH

TC ID # CA02885

TC Info San Francisco, CA 94110 (415) 206-5120

Course Location SFGH

Instructor Name John Fazio

Inst. ID # 0506009552

Holder's Signature

*Mandana Siyadat*

© 2011 American Heart Association Tampering with this card will alter its appearance. 80-1801

This card contains unique security features to protect against forgery.

90-1801 3/11

*Original viewed*

*AW  
7-13-11*

## **Attachment 2**

## Rebuttal to Evaluation 2011

I would like to state from the onset that none of the statements made by Moser in this evaluation have previously been documented by him. If I had such serious issues, I would have expected to hear about them sooner, so that I would have been given an opportunity to improve before evaluation.

Below is my rebuttal to Moser's evaluation organized paragraph by paragraph.

### Paragraph 1

- I never received any coaching or mentoring from Brain Moser to help me develop new skills. On the contrary, I tried to enable him to adjust to his new environment in the Avon Breast Center.
- My experience and the tenor of my approach to my profession have been to share the knowledge and expertise that I have developed over time with my colleagues. It is an error for Moser to assume that citing lessons I've learned through my experience to be defiance, when in fact, I try to share my experiences so that all can work more harmoniously together.

### Paragraph 2

- I was never responsible for the patient requisitions, that task is a clerical assignment, nor did I ever put a day's requisitions in the trash.
- If I was guilty of gross inattention to duty as claimed in the evaluation why was it not documented at the time?
- This incident is a surprise to me; I have no idea what it refers to.
- My assignment in the Avon Breast Center included the supply ordering and I have taken this duty responsibly. In December 2010 Moser informed me that he would like to learn the process of ordering supplies and requested my assistance to master this task. During the training period, i.e. while I was training Moser, he would order supplies and not inform me that he had already place an order. Many duplication orders resulted from these actions. In addition shortages occurred after I trained him because he failed to place orders.
- At no time did Moser inform me of these errors so that they could be avoided.
- Nor did he inform me that I was to stop ordering supplies
- Again, I at no point received written documentation of these matters or any other incident of inattention to duty prior to the evaluation.

### Paragraph 3

- Moser refers to a letter dated 8/10/2011 regarding discrepancies in signing in. I did not receive the letter dated 8/10/2011 until 10/12/2011. That is, after I was given the evaluation.
- I never received a letter regarding time discrepancies dated 8/31/2011.
- I have approved Family Medical Leave. I have always followed the flextime procedure for as practiced in the Radiology Department for those who have HR approved under FMLA. I have never received documentation that I should not follow the customary procedure in the department.
- I have never taken vacation time without departmental approval.
- There is no documentation that I have taken vacation without approval.

### Paragraph 4

- Contrary to Moser's claim that I attended a staff meeting on 5/18/2011, I was out sick on 5/18/2011 and 5/19/2011. In fact, on 5/18/2011, I received a phone call at my home from Rafael Ibarra on that date to inform me that according to Moser I was not in compliance with Mammography standards because my continuing experience numbers were below 200. Ibarra told me that I was not to report to Avon the following day.
- I would like to see the copy of the Minutes of the meeting of 5/18/2011, as I am not aware of such a meeting.

### Paragraph 5

- In regard to the desk and its new location, I discussed the matter with RJ Merck in August 2010. At that time, Merck was the Interim Avon Supervisor. I explained to him that my previous work place was extremely limited. I told Merck that because I had little workspace I often worked in the kitchen area. My desk was moved during Merck's tenure as Avon Supervisor.
- The new location of the Charge Tech desk is in the front area of Avon, contrary to Moser's assertion it is not far from the work area. In fact, the front desk is where patients arrive and numerous times during the workday the Charge Tech is paged to the front desk to talk to patients and solve other issues.

- When Moser brought up the issue of me moving from the front area, I asked him to help me find a better solution than moving back to the desk that did not afford me workspace. He did not come up with a viable solution.
- Furthermore, I would like to bring to light the fact that the Charge Tech desk is currently located in the same location as where I had moved it during Merck's tenure. No other plan has been made to relocate it to another part of the Avon Center. Therefore, negating the importance of Moser's assertion that this is a critical matter.

#### Paragraph 6

- Contrary to Moser's assertion that I did not report to my "assigned work location based on the schedule that was given to me by Moser and Ibarra", I always first reported to my assigned work location.
- On occasions, due to mammography technologist shortages and since I was at that point the Mammography QC Tech, I went to Avon after reporting to my assigned work area because the Mammography Charge Technologist, of the day, Nancy Toscano, asked for my help.
- Email documentation available upon request.

#### Paragraph 7

- Regarding General Diagnostic competencies, I was unable to complete the competencies, firstly, because I had to run the floor in the Main Radiology Department because:
  - A. There have been staffing shortages
  - B. One Charge Tech was out on Family Medical Leave
  - C. Other Charge Techs were off on various vacations
  - D. Staff needed new equipment training which caused staff shortages
  - E. My assignment was only 2 days in Main Radiology (other two days in mammography)
  - F. I was injured and placed on limited duty temporarily therefore I have been running the floor in Main Radiology
- I would like to add that several times I approached Ana Viera-Ribiera, Main Hospital Charge Tech, regarding completing my competencies and each time I approached her she said it was not possible that day due to staffing shortages.

#### Paragraph 8

- At **NO TIME** was I out of compliance with MQSA standards. On July 28, 2011 I presented proof of being in compliance at a meeting attended by Moser, Ibarra, the Union Representative, and myself. The documentation my rep. and I presented was FDA-Mammography Quality Standards Act Rules and Regulations for Continuing Experience.
- As mentioned in my rebuttal of Paragraph 4, on May 18, 2011 Ibarra called me at home to tell me that Moser alleged I was out of compliance with MQSA standards for Continuing Experience but I did not get to present proof of false accusation until July 28, 2011.
- Furthermore, I did not forge another technologist's initials. As I tried to explain to Moser, I wrote down the initials of the tech with whom I worked while performing 25 supervised mammograms, (even though I was in compliance all along). However, I was not successful in making him understand.
- Please note Moser has neglected to include in his accusations that at the same time when I presented Moser and Ibarra with a list of patients' names with the initials that I had written, I also presented them with a letter signed by the technologist, Cora Andaya, testifying that she had supervised the mammograms I performed and had listed with her initials. Even with a signed letter from Cora Andaya, Moser obsessively cited the initials I had written as forgeries instead of acknowledging that I merely wrote the initials of the tech that had supervised the mammograms.
- All this information was presented at the meeting of July 28, 2011; however, Moser denied the validity of the documentation and the FDA Rules.
- Additional documentation is available upon request.

#### Paragraph 9

- I find the evaluation disappointing especially since at no time was I mentored or coached by Moser.
- In the history of my career and performance at the SFGH Radiology Department this is the first time I have received an evaluation as such which contains allegations without prior knowledge of incidences or prior documentation of events mentioned.

- Moser states that I am not a "team player", and yet, in the absence of a dedicated Avon Comprehensive Breast Center Supervisor I took on the responsibility of getting the Radiology Department through annual inspection in 2010 and was successful.
- In 2011, when Moser was new to the job and unfamiliar with California Title 17 regulations, I worked as a team player to help Avon get through another MQSA inspection successfully.
- Furthermore I have documentation from when I was congratulated and thanked by SFGH Radiology Department and Hospital Administration for rising to the occasion even without a Dedicated Mammography Supervisor in 2010.
- Moser contends that I have "...not shown many qualities that meet the expectations of a DIT III". In response I would like to point to my previous evaluations as a DIT III. My performance in my last two evaluations exceeded standards. In fact last year Merck stated: "Mandana has been very helpful in running the Avon Breast Center since the former Supervisor retired in January". In short, the he commented that my work was valuable to the department.
- In reference to the cited example in the last paragraph of the evaluation in which Moser contends: "throughout the year many conferences have been held". Please note no conferences were held to address alleged problems. Beyond that, there is no documentation of any conferences held by Moser.
- However, the only meetings to address my issues were ones that I had requested with Union participation. The meetings I requested with Moser, Ibarra and the Union Rep were to address the issue of non-compliance not other issues.
- Please note: the meetings started with the alleged non-compliance issue and resulted in a tangible change to my work environment.

In closing, I like to state that although in Paragraph One (1) Moser states "throughout the evaluation period a lot of time was invested..." I did not work with Moser during the entire evaluation period, that is, 7/1/2010 to 6/30/2011. In fact, I only worked with Moser from 12/2010 to 5/2011 that is six (6) of the twelve (12) month period.



## **Attachment 3**



**SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER  
PERFORMANCE APPRAISAL SUMMARY**

Every Appraisal Packet must include the following:

- Performance Appraisal Summary
- Initial or Annual Required Elements Review
- Criteria Based Performance Expectations
- (if applicable) SFGH Developmental Plan

Name: Mandana Siyadat	Unit/Dept: Radiology	Title: Diagnostic Imaging Tech III
Evaluator: RJ Merck	Unit/Dept: Radiology	Title: Supervisor
Reason for report: <input type="checkbox"/> 90 days <input type="checkbox"/> 6 months <input checked="" type="checkbox"/> Annual	Period of Report: July 2009 to June 2010	

<b>OVERALL RATING</b> (including both performance appraisal and competency validation)	<b>EXCEEDS STANDARDS</b>	<b>MET STANDARDS</b>	<b>DOES NOT MEET STANDARDS</b>
	√		
	E = Exceed Standards	M = Met Standards	U = Unmet
All "E" and "U" ratings require documentation below in Sections II or III.			

**Job Duty Performance Standards Exceeded/Areas of Strength :**

1. Maintains and upgrades own knowledge, skills, and abilities
2. Conserves and maximizes the use of materials and supplies
3. Contributing to the professional development of others

**Job Duty Performance Standards Unmet: (see attached developmental plan)**

**Goals From Prior Year**

Goal #1: Train and become proficient in Hologic Upright Stereo unit when installed  
 Met  Did not meet *reason:*

Goal # 2: Assure that back-up QC techs are trained well. Become proficient in performing all QC on all units and document training  
 Met  Did not meet *reason:*

PERFORMANCE APPRAISAL SUMMARY

Page 2

Goals For This Evaluation [ all that apply]:

- Education Presentation
- Participate in CQI activity
- Participate in task force/committee
- Develop skill or expertise
- Develop/implement patient education program
- Develop/revise policy, protocol or standard
- Contribute to publication
- Other

Goal #1: Assist in training of the new Supervisor in Avon.

Goal #2: Improve communication skills with colleagues.

Goal #3: Focus on improving workflow at Avon Breast Center by working more closely with the technologists

Education Record Summary (see attached)

Additional Evaluator and Employee comments are optional.

Evaluator Comments:

Mandana has been very helpful in running the Avon Breast Center since the former Supervisor retired in January. She has helped handle many aspects of the center, including equipment, patient and staffing issues that have risen over the last year. You can depend on Mandana to get the things done that she says she will get done

I would like to see Mandana improve her communication and organization skills and take more time to consider other options when resolving issues. Mandana is a strong person. This can be a benefit to her and others when she is right and she fights for her point of view. Mandana would benefit from considering further other options in a scenario, other solutions to problems and other people's opinions. That way she can use her focus and personal strength to move issues in the best direction for all.

Mandana does a good job as the lead QC tech in Avon – an important position for a facility dealing with so many regulatory bodies.

As the interim Supervisor over the Avon Breast Center, I greatly appreciate Mandana's help in running the center in a difficult, transitional period. I look forward to working with her in the future.

Employee Comments:

I, Mandana Siyadat [name of employee] certify that I understand the job expectations and performance appraisal criteria of a Diagnostic Imaging Technologist III [name of position] and have received a copy of the job expectations and performance criteria.

Mandana Siyadat 9-16-10  
Employee Signature Date

Robert J. Marsh 9-16-2010  
Reporting Manager Signature Date

- Agree with report
- Do not agree with report
- Request conference with reviewer
- Rebuttal attached

Rafael ZBama 9/22/10  
Reviewer Signature Date

- I certify that I have reviewed this report.
- I have taken the following actions:

- Original to Human Resources
- Copy to Employee
- Copy to Department Manager

**COMMUNITY HEALTH NETWORK OF SAN FRANCISCO**  
**San Francisco General Hospital and Trauma Center**

**CRITERIA BASED PERFORMANCE**  
**EXPECTATIONS & APPRAISAL REPORT - CLINICAL**

**Working Title:** 2469 Diagnostic Imaging Tech III

**Position Summary:**

Under direction, the Diagnostic Imaging Technologist III, functions as a lead Diagnostic Imaging Technologist of a shift or an assigned area of diagnostic imaging with responsibility for scheduling staff, assigning tasks, expediting work flow and providing technical assistance; orients and trains new staff in general and/or advanced modalities; documents initial and annual competency; may perform venipuncture, Cardio-pulmonary Resuscitation (CPR), and assist in preparing and/or administering contrast media, as required relative to modality; performs general diagnostic imaging procedures including gastrointestinal (GI), genitourinary (GU), skeletal, thoracic and trauma imaging procedures; may perform diagnostic imaging and/or therapeutic procedures on all age groups for outpatient, inpatient and emergency/trauma patients in Mammography (MM), Computed Tomography (CT), Magnetic Resonance (MRI) and/or Interventional Radiography (IR); assesses general patient condition; documents medical and department records of procedures and events; transports patients; assists in teaching and grading students; and may perform special projects.

**Reporting Relationships:**

- Reports directly to the Supervising Radiologic Technologist or Director, Radiology.
- Evaluated by the Supervising Radiologic Technologist or Director, Radiology.
- Collaborates with Diagnostic Imaging Technologists, X-ray Lab Aides, Receptionists, File Clerks, Nurses, Radiologists and other health care professionals.

**Position Qualifications:**

- Licensure requirements - Current license issued by the State of California as a Certified Radiologic Technologist (CRT).
- Certification requirements - Certification in and current registration with the American Registry of Radiologic Technologists (ARRT); Certification in Cardio-pulmonary Resuscitation (CPR) and certification in the following advanced modalities:

MM    CT    MR    Vascular    Fluoroscopy

- Physical requirements - Ability to move patients from gurney to table and back.
- Language requirements [as applicable]

**Major Responsibilities:**

- Functions as lead worker in an assigned area or for a shift; manages workload relative to available resources; prioritizes work and assigns tasks to Diagnostic Imaging Technologists and support staff; prepares and monitors work schedules and perform time reporting duties; inventories supplies and stocks area.
- Acts as preceptor to new staff, or to an employee learning new skills or equipment; trains, orients and documents initial and annual competencies of staff; assists others with technical or positioning advice.
- Performs general diagnostic procedures, using fixed or portable, general, digital, fluoroscopic or other diagnostic equipment; may perform diagnostic imaging procedures in advanced modalities, including MM, CT, MRI or IR; lifts and carries film cassettes and

magazines to and from imaging equipment; positions patients and selects technical factors based on knowledge of radiologic science, specific equipment and patient assessment; process Digital Images.

- Applies principles of radiation safety in compliance with federal, state and departmental standards; uses appropriate filters, cones, protective clothing and devices to obtain high-quality images with radiation exposure levels as low as reasonably achievable to patients, others and self; wears and exchanges radiation monitoring devices; practices and requires of others, specific safety procedures pertaining to magnetic forces when working in MRI.
- Assesses general patient condition, including stability, pain and safety, and as necessary takes action consistent with standards; monitors medical equipment and promptly adjusts or reports problems; observes and documents patient physical and procedural restraints.
- Documents procedures and events in the patient's medical record and departmental logs, in accordance with regulatory, hospital and departmental standards; identifies images and documents with patient, technologist, date/time and laterality information.
- Transports patients using gurneys, wheelchairs and beds; transfers patients to and from the exam table.
- Schedules procedures and patients; transfers paper orders into an electronic order entry; produces, processes and collates images and paperwork, and submits them for interpretation; receives and assists patients and other customers; answers departmental telephones; may be assigned to coordinate patient flow.
- May perform Venipuncture and CPR; assists physicians in performing procedures by preparing and/or administering contrast media, setting up sterile and non-sterile trays, and providing instruments, medical devices and supplies as requested.
- Assists in the training of student technologists in the science and practice of diagnostic imaging.
- Participates in departmental Quality Improvement efforts.
- Cleans imaging equipment, supplies and procedure rooms; reports failures and problems.

**Patient/Client Population:**

Culturally and ethnically diverse individuals from all age groups, gender and economic status.

**CLINICAL POSITION TITLE: Diagnostic Imaging Technologist III**

**Criteria Based Performance Expectations & Appraisal Report**

<b>STANDARDS OF PERFORMANCE</b>			
<b>1. <u>PERFORMANCE IMPROVEMENT/RESEARCH</u></b>			
<ul style="list-style-type: none"> <li>▪ Participates in Performance Improvement/Patient Safety activities utilizing the Model for Improvement framework, which includes:                             <ul style="list-style-type: none"> <li>○ Developing Aim statements and performance measures</li> <li>○ Collecting and analyzing relevant performance data</li> <li>○ Conducting rapid cycle improvements using PDSA methodology.</li> <li>○ Using PI data to initiate changes to improve practice and service</li> </ul> </li> <li>▪ Can articulate a performance improvement project either hospital wide or unit/department specific.</li> <li>▪ Adheres to all regulatory and organizational policies and procedures.</li> <li>▪ Attends mandatory classes as required by both regulatory bodies and the organization</li> <li>▪ Maintains research as the scientific foundation for practice by incorporating research findings into practice.</li> </ul>		√	
<b>2. <u>PERFORMANCE AND EDUCATION</u></b>			
<ul style="list-style-type: none"> <li>a. Demonstrates accountability for professional competency and growth by:                             <ul style="list-style-type: none"> <li>• Evaluating own practice in relation to professional standards.</li> <li>• Identifying strengths and areas for development; takes action to achieve goals.</li> <li>• Maintains current professional licensure and certifications.</li> </ul> </li> <li>b. Maintains and upgrades own knowledge, skills, &amp; abilities by participating in:                             <ul style="list-style-type: none"> <li>• Ongoing education/mandatory classes.</li> <li>• Staff Meetings.</li> <li>• Reviewing and sharing pertinent literature.</li> <li>• Reviewing/revising policies and procedures pertinent to the injured patient population.</li> </ul> </li> </ul>	√		
<b><u>COMMUNICATION</u></b>			
<p>Communicates effectively with others by:</p> <ul style="list-style-type: none"> <li>• Communicating in a constructive, non-judgmental manner.</li> <li>• Listening attentively and showing empathy.</li> <li>• Managing conflict by addressing issues in a manner that maintains good working relationships.</li> <li>• Providing written reports [including patient documentation] and assignments in complete, accurate, readable, and timely manner.</li> <li>• Providing and accepting feedback</li> <li>• Contributing to the education of staff and students</li> </ul>		√	
<b>4. <u>PATIENT, VISITOR, AND STAFF RELATIONS ~ COLLABORATION &amp; ETHICS</u></b>			
<ul style="list-style-type: none"> <li>a. Maintains and promotes a "customer service" philosophy by:                             <ul style="list-style-type: none"> <li>• Demonstrating good interpersonal skills.</li> <li>• Cooperating with all levels of staff throughout the organization.</li> <li>• Demonstrating flexibility in adapting to changes to meet organizational goals.</li> <li>• Respecting patient and employee rights.</li> <li>• Managing problems and concerns.</li> <li>• Communicating in a courteous and helpful manner.</li> </ul> </li> <li>b. Supports autonomy, dignity, and rights of patients and others by:                             <ul style="list-style-type: none"> <li>• Preserving patient privacy and maintaining confidentiality of information.</li> <li>• Performing tasks in a non-judgmental, non-discriminatory manner that is sensitive to individual needs/concerns, cultural diversity and personal limitations</li> <li>• Ensures that victims of violence, abuse, and neglect are identified, assessed, reported and given appropriate care and referrals to maintain their safety</li> </ul> </li> <li>c. Establishes collaborative practice with nursing personnel, physicians, and other health care providers.</li> </ul>		√	
<b>5. <u>RESOURCE UTILIZATION &amp; PRODUCTIVITY</u></b>			

<p>a. Conserves and maximizes the use of materials and supplies.</p> <p>b. Manages work time effectively and productively by:</p> <ul style="list-style-type: none"> <li>• Organizing and prioritizing work to maximize productivity during peak work loads as well as slow periods.</li> <li>• Completing assignments in a timely manner.</li> </ul>	√	√	
<b>PERSONNEL</b>			
<p>a. Adheres to hospital/departmental personnel policies (attendance, punctuality, break times, requesting time off, floating, sexual harassment and violence in workplace).</p> <p>b. Maintains professional appearance and clean workspace.</p>		√ √	
<b>7. LEADERSHIP AND TEAMWORK</b>			
<p>a. Functions in a leadership role by:</p> <ul style="list-style-type: none"> <li>• Assisting co-workers as needed</li> <li>• Demonstrating problem solving skills in a manner which promotes patient advocacy, customer service, and a team approach</li> <li>• Initiating action related to patient care and customers service</li> <li>• Responding effectively in stressful situations</li> <li>• Participating actively in committees and unit based processes</li> <li>• Providing leadership by being aware of resources and contributing to the management of staff coordination, materials/supplies, information, and the unit environment to meet patient and unit needs. Reports pertinent issues to the manager</li> <li>• Problem solving patient care issues</li> <li>• Initiating action related to patient care and department management goals</li> <li>• Managing patient care crises</li> <li>• Influencing staff to support and promote organizational goals.</li> <li>• Supporting the goals of the Department of Public Health and San Francisco General Hospital.</li> <li>• Acting as a role model</li> </ul> <p>b. Contributing to the professional development of others by:</p> <ul style="list-style-type: none"> <li>• Sharing knowledge and skills</li> <li>• Contributing to the education of staff and students</li> </ul>	√	√	
<b>9. FOR STAFF IN DEPARTMENTAL LEADERSHIP ROLES</b>			
<p>a. Functions in a supervisory role by:</p> <ul style="list-style-type: none"> <li>• Delegating or assigning work based on scope of practice and staff competency</li> <li>• Directing and supervising staff to meet patient care goals as outlined in the plan of care</li> <li>• Evaluating the ability of staff to meet patient care needs</li> <li>• Maintaining effective staffing levels</li> </ul> <p>b. Problem solves departmental management issues</p> <p>c. Manages departmental crises</p>		√  √ √	

**Rating Scale Definitions**

**Exceeds Standards** = Expert knowledge base. Able to anticipate, identify situations and then modify plans to respond to events. Demonstrates initiative to improve the quality of a department, the health care setting or community. Able to generalize from experience and transfer knowledge to other situations.

**Meets Standards** = Performs job expectations and meets departmental, hospital and regulatory standards. Able to analyze a situation, problems solve and develop short and long range goals; plans and utilizes knowledge effectively and efficiently.

**Unmet Standards** = Does not meet job expectations and or departmental; hospital or regulatory standards.

San Francisco General Hospital and Trauma Center  
**CLINICAL MODEL**  
 2009-2010 Annual Required Elements/Competencies Review  
 Department/Unit: Radiology

**Completion Instructions:** Manager or designee completes required elements checklist and competencies to ensure all required elements and competencies are met at end of orientation period. Required elements and competencies not completed in satisfactory manner must be achieved through a developmental plan.

Name: Mandana Siyadat	Classification #: 2469	Title: Diagnostic Imaging Technologist III
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**METHOD OF VALIDATION:** O = direct observation; RD = return demonstration; T = test; D = documentation review; N/A = not applicable

REQUIRED COMPETENCIES	Date	O	RD	D	T	N/A	Follow-Up/ Comments	Valuator Initials
<b>Patient Safety</b>								
1. Maintains the accuracy of patient identification:	06/23/2010				√			RJM
• Able to state the purpose of having a system for identifying patients	06/23/2010				√			RJM
• Able to describe the hospital's model for patient identification by naming two patient identifiers	06/23/2010				√			RJM
• Able to state when it is necessary to verify a patient's identity	06/23/2010				√			RJM
2. Demonstrates effective communication among caregivers:	06/23/2010				√			RJM
• Uses approved abbreviations						√		
• Articulates policy for taking verbal orders	06/23/2010				√			RJM
• Develops patients' plan of care and documents in appropriate places.						√		
3. Patient Hand-off and Report with Safe Communication:	06/23/2010				√			RJM
• Able to verbalize the meaning of SBAR	06/23/2010				√			RJM
- Situation								
- Background								
- Assessment								
- Recommendation								
4. Can name the national patient safety goals and what is being done at SFGH to meet these goals.	06/23/2010				√			RJM
• appropriate, can name a medication ordered for the chosen patient, noting:						√		
• Indications for its use						√		



REQUIRED COMPETENCIES	Date	O	RD	D	T	N/A	Follow-Up / Comments	Valuator Initials
• Most common side effects						√		
• Contraindications.						√		
<b>Emergency Response Skills</b>								
1. Code Pink:	06/23/2010				√			RJM
• Verbalizes department response to Code Pink	06/23/2010				√			RJM
2. Fire:	06/23/2010				√			RJM
• Verbalizes each step in R.A.C.E. and P.A.S.S. R – Rescue persons in immediate danger A – Alarm and Alert 911 C – Contain, close doors and windows. Shut off oxygen. E – Evacuate or Extinguish	06/23/2010				√			RJM
P – Pull A – Aim S – Squeeze S – Sweep								
• Locates 2 fire exits and 2 fire extinguishers in immediate work area.	06/23/2010				√			RJM
Code Blue:	06/23/2010				√			RJM
• Locates crash cart in area	06/23/2010				√			RJM
• Verbalizes signs of patient distress	06/23/2010				√			RJM
• Verbalizes how to initiate Code Blue	06/23/2010				√			RJM
• Describes his/her role during Code Blue or alternative emergency response (example: 911).	06/23/2010				√			RJM
4. Bomb Threats:								RJM
• Verbalizes bomb threat procedures	06/23/2010				√			RJM
5. Emergency Response Plan								
• Able to locate:								
– The hospital Emergency Response Plan	06/23/2010				√			RJM
– Unit Based Disaster Response Plan	06/23/2010				√			RJM
– The Unit's Call Back Tree						√		
• Able to Verbalize:								
– Knowledge of each level of response for the unit	06/23/2010				√			RJM
– Unit's evacuation procedures	06/23/2010	325			√			RJM

REQUIRED COMPETENCIES	Date	O	RD	D	T	N/A	Follow Up / Comments	Valuator Initials
- Location of the Hospital's Incident Command Center (HICS)	06/23/2010				√			RJM
- Knowledge of city disaster worker responsibilities	06/23/2010				√			RJM
• Possess a Disaster Service Worker ID badge at all times (validated by manager).	09/16/2010	√						RJM
<b>Health &amp; Safety Requirements</b>								
1. Complies with annual employee health requirements (PPD, Flu, Respiratory Fit Testing Etc.)	09/16/2010			√				RJM
2. Adheres to and promotes safety practices:								
• Identifies and reports hazards	09/16/2010				√			RJM
• Uses equipment safely and correctly including Personal Protective Equipment (PPE).	09/16/2010				√			RJM
• Labels and reports equipment malfunctions in a timely manner	09/16/2010	√						RJM
• Locates MSDS Inventory	09/16/2010				√			RJM
• Uses proper techniques to avoid work related injuries	09/16/2010				√			RJM
• Uses Universal Body Substance Precautions	09/16/2010	√			√			RJM
• Wears an unobstructed and unaltered hospital ID Badge at all times	09/16/2010	√						RJM
• Reports work related injury/illnesses within the proper time frame.	09/16/2010	√						RJM
03. Hazardous Materials:								
• Locates MSDS inventory and verbalizes hazardous materials/chemical spill procedures.					√			RJM
4. Infection Control:								
• Follows hand hygiene procedures as specified in Infection Control Policy 3.01.	06/23/2010	√			√			RJM
• Uses Universal Body Substance Precautions.	09/16/2010	√						RJM
• Demonstrates appropriate respiratory isolation and precautions for self, staff, visitors, and patients;	09/16/2010	√						RJM
• Identifies indicators that require special precautions (e.g.: special contact precautions) and notifies infection control (when appropriate).	09/16/2010	√						RJM
• Understands and adheres to hospital Respiratory Protection practices.	09/16/2010	√						RJM

REQUIRED COMPETENCIES	Date	O	RD	D	T	N/A	Follow Up / Comments	Valuator Initials
• Locates and utilizes appropriate personal protective equipment (goggles, masks, gloves, gowns)	09/16/2010	√						RJM

REQUIRED ELEMENTS	DATE	O	RD	D	T	N/A	Follow-Up / Comments	Valuator Initials										
<b>Required Professional License</b> Expiration date: 10/31/2012 <i>(Attach current license copy with this form. Primary source verification remains on file with the unit manager.)</i>	09/16/2010			√			CRT	RJM										
<b>Unit Specific Certifications &amp; Expiration Dates</b> <i>(for example CPR, ACLS, PALS - attach copy of current certification CPR)</i>	09/16/2010			√				RJM										
<table border="1"> <thead> <tr> <th>Certificate</th> <th>Expiration Date</th> </tr> </thead> <tbody> <tr> <td>ARRT</td> <td>09/2011</td> </tr> <tr> <td>Fluoroscopy</td> <td>10/31/2012</td> </tr> <tr> <td>Mammography</td> <td>10/31/2012</td> </tr> <tr> <td>CPR</td> <td>07/2011</td> </tr> </tbody> </table>	Certificate	Expiration Date	ARRT	09/2011	Fluoroscopy	10/31/2012	Mammography	10/31/2012	CPR	07/2011	09/16/2010			√				RJM
Certificate	Expiration Date																	
ARRT	09/2011																	
Fluoroscopy	10/31/2012																	
Mammography	10/31/2012																	
CPR	07/2011																	
	09/16/2010			√				RJM										
	09/16/2010			√				RJM										
	09/16/2010			√				RJM										
	09/16/2010			√				RJM										

**Education**

**1. HealthStream (attach copy of Health Stream transcript):**

• Blood Bourne Pathogens Cal/OSHA Training	06/30/2010			√				RJM
• National Patient Safety Goals	05/31/2010			√				RJM
• Infection Control	06/30/2010			√				RJM
• Environment of Care	06/30/2010			√				RJM
• Compliance	06/30/2010			√				RJM
• HIPAA (Privacy) Awareness	06/30/2010			√				RJM
• Information Systems Security	06/30/2010			√				RJM

**2. Blood Bourne Pathogens Training (for employees with routine exposure):**

• Locates and utilizes appropriate personal protective equipment (Goggles, Masks, Gloves, Gowns)	09/16/2010		√				ongoing observation	RJM
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**Patient Rights**

Reviews and able to verbalize:

• Confidentiality policy	06/23/2010		32	√				RJM
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REQUIRED ELEMENTS	DATE	O	RD	D	T	N/A	Follow Up / Comments	Valuator Initials
• Advance directives	06/23/2010		√					RJM
• Interpreter policy	06/23/2010		√					RJM
• Appropriate customer service skills	06/23/2010		√					RJM
• Right to a physically safe environment	06/23/2010		√					RJM
<b>Pain Management Skills</b> Follows hospital pain management by:								
• Conducting pain assessment, reassessment and documenting response to pain medications (Administrative P&P: 16.23).	06/23/2010		√					RJM
• Using pain scale	06/23/2010		√					RJM
• Utilize unit and discipline specific interventions:						√		
– Opiate Infusions								
– Epidural Infusions						√		
– Patient Controlled Analgesic						√		
<b>Restraints</b> Complies with hospital restraint policy 18.09 by:								
• Identifying restraint types	06/23/2010		√					RJM
• Applying restraint(s) correctly						√		
• Knowing contraindications and precautions:	06/23/2010				√			RJM
– Articulates assessment, planning, intervention, evaluation and re-intervention as well as discontinuation of restraints at earliest time.	06/23/2010		√					RJM
– Strives to prevent, reduce and eliminate the use of restraints						√		
– Understands inherent risks to the patient associated with restraint use	06/23/2010		√					RJM
• Documents monitoring observations, assessments and interventions.	06/23/2010		√					RJM
<b>Administration of Medications</b>								
• Documents TPN/PPN on the flow sheet (Nursing P&P 17.15).						√		

REQUIRED ELEMENTS	DATE	O	RD	ID	T	N/A	Follow Up / Comments	Valuator Initials
<ul style="list-style-type: none"> <li>States medication precautions, contraindications, adverse reactions, mechanism of reporting and documents according to standard hospital policy (Administrative P&amp;P 16.5 &amp; 16.25)</li> </ul>						√		
<ul style="list-style-type: none"> <li>States criteria in which IV solutions may be admixed by RNs (Nursing P&amp;P 17.05)</li> </ul>						√		
<ul style="list-style-type: none"> <li>Able to assess indications and responses to PRN medications (Nursing P&amp;P 17.05)</li> </ul>						√		
<ul style="list-style-type: none"> <li>Documents the name and volume of IV admixture solution on the I&amp;O Record.</li> </ul>						√		
<ul style="list-style-type: none"> <li>Able to access and utilize the Point of Care Test Reference Ranges located in the medical record.</li> </ul>						√		
<ul style="list-style-type: none"> <li>Able to monitor side effects of conventional and atypical antipsychotic medications and signs of Lithium toxicity.</li> </ul>						√		
<p align="center"><b>Safety Devices</b></p> <p>Safe Needle devices skills checklist completed.</p>						√	Venipuncture Certified Techs	
<p align="center"><b>Unit Staffing</b></p> <p>Can articulate the unit's staffing policy (assignments, skill mix, etc.) and the staffing assignment sheets.</p>	09/16/2010		√					RJM
<p align="center"><b>Population Specific Skills</b></p> <p>Identifies the population specific needs of the patient including needs related to specific age groups and ensures appropriate interventions for the support of patient and family:</p>								
<ul style="list-style-type: none"> <li>Psychiatry</li> </ul>	09/16/2010		√					RJM
<ul style="list-style-type: none"> <li>Cardiology</li> </ul>	09/16/2010		√					RJM
<ul style="list-style-type: none"> <li>Diabetes</li> </ul>	09/16/2010		√					RJM
<ul style="list-style-type: none"> <li>HIV/AIDS</li> </ul>	09/16/2010		√					RJM
<ul style="list-style-type: none"> <li>Substance Use</li> </ul>	09/16/2010		√					RJM
<ul style="list-style-type: none"> <li>Trauma</li> </ul>	09/16/2010		√					RJM
<ul style="list-style-type: none"> <li>Pediatrics</li> </ul>	09/16/2010		√					RJM
<ul style="list-style-type: none"> <li>Geriatrics</li> </ul>	09/16/2010		√					RJM
<ul style="list-style-type: none"> <li>Orthopedics</li> </ul>	09/16/2010		329/√					RJM

REQUIRED ELEMENTS	DATE	O	RD	D	T	N/A	Follow Up / Comments	Valuator Initials
• Stroke	09/16/2010		√					RJM
<b>Population Specific Equipment</b>								
• Easy Lift	09/16/2010		√					RJM
<b>Unit Based Skills &amp; Equipment</b>								
• Swiss Ray (Direct Digital X-ray)	09/16/2010	√						RJM
• Long Bone (Trans-Former) grid/cassette holder	09/16/2010	√						RJM
• NX software – Stitch long bone/spine images	09/16/2010	√						RJM
• PACS Cube image duplication	09/16/2010	√						RJM
<b>Position/Discipline Specific Skills</b>								
• Performs diagnostic radiographic procedures, including setting optimal technical factors for the patient and selecting appropriate supplies & equipment to best perform procedure cost-effectively. Appropriately identifies images (laterality, patient data, etc); and critiques images.	09/16/2010	√						RJM
• Tracks accurately and consistently patients events (enter/leave department, begin/end exam.	09/16/2010	√						RJM
• Splits* exams on PACS when appropriate.	09/16/2010	√						RJM
• Use equipment involving direct and computed x-ray detectors that transfer images to a computer for electronic processing and storage; uses computers to annotate images, and to print images electronically.	09/16/2010	√						RJM
• Records information in the medical record accurately, consistently and timely, using computer-based tracking and paper forms; Assembles a variety of paperwork, information and file packets for proper processing of images and orders	09/16/2010	√						RJM
• Transports and moves patients, using proper body mechanics and ergonomic principles	09/16/2010	√						RJM
• Assists Radiologists by setting up equipment, maintaining a sterile environment, placing images appropriately on film viewing stations, and orienting residents, fellows and new radiologists to department areas	09/16/2010	√						RJM

<b>Initials</b>	<b>Name of Evaluator</b>	<b>Title</b>
RJM	Robert J Merck <i>Robert J Merck</i> 830	Radiology Supervisor

**OFFICIAL TRANSCRIPT  
SFGH City and County  
MANDANA X SIYADAT**

Job Title: 2469 - IMAGE TECH III

Transcript Range: Jan. 1, 2010 - Jun. 30, 2010

Report Date: August 24, 2010 4:12 PM

**TOTALS FOR MANDANA X SIYADAT**

COMPLETIONS	ESTIMATED TIME
15	8:17

Name	Est. Time*	Completion Date
<input type="checkbox"/> San Francisco General Hospital - Bloodborne Pathogens	1:40	06/30/2010
<input type="checkbox"/> San Francisco General Hospital - Baby Friendly Initiative	0:35	06/30/2010
<input type="checkbox"/> N95 Respirator - 2010 - N95	0:45	06/30/2010
<input type="checkbox"/> Environment of Care - Hazard Communications	0:35	06/30/2010
<input type="checkbox"/> HIPAA - Privacy, I.S. Security	0:42	06/30/2010
<input type="checkbox"/> Emergency Preparedness	0:25	06/30/2010
<input type="checkbox"/> COMPLIANCE	0:35	06/30/2010
<input type="checkbox"/> San Francisco General Hospital - Radiation Awareness - Rad	0:05	06/30/2010
<input type="checkbox"/> SFGH Infection Control - 2010 - Infection Control	0:35	06/30/2010
<input type="checkbox"/> 2010 Required Elements - Radiology Services	0:20	06/23/2010
<input type="checkbox"/> Environment of Care - Fire Safety	0:25	05/31/2010
<input type="checkbox"/> Disaster Response and Emergency Management for SFGH Campus - Disaster	0:30	05/31/2010
<input type="checkbox"/> Abuse and Neglect - Identification and Assessment	0:40	05/31/2010
<input type="checkbox"/> 2010 Patient Safety Goals - Update - NPSG	0:25	05/31/2010
<input type="checkbox"/> Staff Meeting	0:00	01/28/2010
LEARNING EVENT COMMENTS		ADMINISTRATOR-ENTERED
General Staff Meeting. In-service: Review of Admin 9.19 Policy by Nancy Parker, SFGH Occupational Health Manager.		

\* Estimated Times are stated in hours:minutes format.

**Legend:**

 Course  Learning Event



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Build 10.05.22.078.28

O:HLCWEB27



## RHB Permits and Certificates on the Web

Database Last Updated 9/16/2010 7:46:48 AM

[Click here to search](#)

This Radiologic Health Branch searchable list provides the most up to date information on valid and current certificates and permits. The searchable list will not display any certificates/permits that are not currently-valid for any reason, or that have expired as of the last updated date indicated above.

A person who holds a valid and current certificate or permit must display it, or a copy, at his or her worksite. It is the possession of a valid authorization, certificate, or permit that allows a person to use x-rays in the healing arts. The appearance of his or her name on this list verifies the current validity of any certificate/permit listed.

New certificates and permits, and certificates and permits in renewal that are not listed may still be in the process of being updated. If these certificates/permits do not appear, you should wait until the next update (once a day).

If you discover a mistake or have concern about the validity of any certificate/permit, please [click here to send an email](#) to Radiologic Health Branch. Please do not call the Radiologic Health Branch as sending an e-mail will allow us to respond more quickly to your message.

The Radiologic Health Branch searchable list may be printed and posted as a VALID TEMPORARY AUTHORIZATION, acceptable for the following conditions:

1. During the hiring process. Only valid as an authorization for the categories listed below and only until the valid certificate/permit arrives.
2. During certificate/permit renewal processing. The authorization is valid based upon the new expiration date and only while it is attached to the expired certificate/permit.

Please note that a certificate/permit may take up to 4 to 6 weeks to arrive.

### License Details

License/Permit Holder: MANDANA SIYADAT  
License Number: RHM 00046689  
License Title: DIAGNOSTIC RADIOLOGIC TECHNOLOGY  
Expiration Date: 2012-10-31

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License/Permit Holder: MANDANA SIYADAT  
License Number: RHM 00046689  
License Title: FLUOROSCOPY  
Expiration Date: 2012-10-31

---

License/Permit Holder: MANDANA SIYADAT  
License Number: RHM 00046689  
License Title: MAMMOGRAPHIC RADIOLOGIC TECHNOLOGY

Expiration Date: 2012-10-31

End of License Details

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CALIFORNIA DEPARTMENT OF PUB. HEALTH

Radiologic Health Branch MS 7610  
PO Box 997414  
Sacramento, CA 95899-7414  
(916) 327-5106 www.cdph.ca.gov/rhb



**D. Radiologic Technologist:**  
Your current certificate or permit  
is valid until: **OCTOBER 31, 2010**

**DISPLAY:**  
Your certificate or permit, or a copy thereof, must be prominently  
displayed at each place where you perform activities which  
require a-technologist certificate or permit.

**MANDANA SIYADAT**



**CHANGE OF NAME AND/OR ADDRESS:**  
Regulations require that you notify this office  
**WITHIN 30 DAYS** of any change in your  
name and/or address. Please make the necessary  
changes on the three lines provided to the  
left as indicated. Subsequent name and/or  
address changes should be made by a letter  
mailed to the address below. Please refer to your  
certificate number **RHM 46689**  
in any correspondence with the Department.

Print any name and/or address changes below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Radiologic Health Branch MS 7610  
PO Box 997414  
Sacramento, CA 95899-7414

Thank you for your cooperation.

rd Here

Post certificate or permit where you use the X-ray equipment

Rhtcert1 07/01/07  
Fold Here

State of California Department of Public Health

THIS CERTIFICATE, ISSUED PURSUANT TO SECTION 41870(b) OF THE HEALTH AND SAFETY CODE, AUTHORIZES



*copy oct 20 012  
put web site  
copies comm  
11/11/08  
renewal  
proposed  
Jm  
4/2/11*

In testimony whereof, the DEPARTMENT OF  
PUBLIC HEALTH of the STATE OF  
CALIFORNIA has caused this CERTIFICATE  
to be signed by its CHIEF,  
RADIOLOGIC HEALTH BRANCH.

Certificate No. **RHM 46689**  
Expires **OCTOBER 31, 2010**

*Gary W. Butner*  
\_\_\_\_\_  
Gary W. Butner, Chief  
Radiologic Health Branch

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Radiologic Health Branch MS 7610  
PO Box 997414  
Sacramento, CA 95899-7414  
916-227-5106 www.cdph.ca.gov/rhb



Dear Mammographic Technologist:  
Your current certificate  
is valid until: OCTOBER 31, 2010

**DISPLAY:**

Your certificate, or a copy thereof, must be prominently displayed at each place where you perform activities which require a Mammographic certificate.

**MANDANA SIYADAT**

**CHANGE OF NAME AND/OR ADDRESS:**

Regulations require that you notify this office **WITHIN 30 DAYS** of any change in your name or address. Please make the necessary changes on the three lines provided to the left as indicated. Subsequent name and/or address changes should be made by a letter mailed to the address below. Please refer to your certificate number **RHM 46689** in any correspondence with the Department.

Print any name and/or address changes below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Radiologic Health Branch MS 7610  
PO Box 997414  
Sacramento, CA 95899-7414

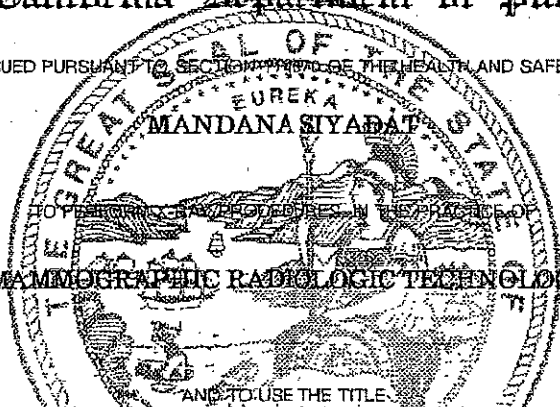
Thank you for your cooperation.

Post certificate where you use the Mammographic equipment.

Mamtech 07/01/07  
Fold Here

State of California Department of Public Health

THIS CERTIFICATE, ISSUED PURSUANT TO SECTION 116000 OF THE HEALTH AND SAFETY CODE, AUTHORIZES



Certified Radiologic Technologist

In Testimony Whereof, the DEPARTMENT OF PUBLIC HEALTH of the STATE OF CALIFORNIA has caused this CERTIFICATE to be signed by the CHIEF, RADIOLOGIC HEALTH BRANCH.



*exp Oct 2012 per CPH website*  
*11/11/08 received original from*  
*30784*

Certificate No. RHM 46689  
Expires OCTOBER 31, 2010

*Gary W. Butner*  
Gary W. Butner, Chief  
Radiologic Health Branch

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Radiologic Health Branch MS 7610  
PO Box 997414  
Sacramento, CA 95899-7414  
Tel 916-227-5106 www.cdph.ca.gov/rhb



Dear Radiologic Technologist,  
Your current permit  
is valid until: OCTOBER 31, 2010

**DISPLAY:**

Your permit, or a copy thereof, must be prominently displayed at each place where you perform activities which require an Radiologic Technologist Fluoroscopy permit.

**CHANGE OF NAME AND/OR ADDRESS:**

Regulations require that you notify this office **WITHIN 30 DAYS** of any change in your name and/or address. Please make the necessary changes on the three lines provided to the left as indicated. Subsequent name and/or address changes should be made by a letter mailed to the address below. Please refer to your permit number **RHM 46689** in any correspondence with the Department.

**MANDANA SIYADAT**



Print any name and/or address changes below

Radiologic Health Branch MS 7610  
PO Box 997414  
Sacramento, CA 95899-7414

Thank you for your cooperation.

Post your permit where you use the X-ray equipment

Rhprmt1 07/01/07  
Fold Here

State of California Department of Public Health  
Radiologic Technologist Fluoroscopy Permit

THIS PERMIT, ISSUED PURSUANT TO SECTION 114870(a) OF THE HEALTH AND SAFETY CODE, AUTHORIZES



TO PERFORM FLUOROSCOPY PROCEDURES AND EXAMINATIONS IN ACCORDANCE WITH THE RADIOLOGIC TECHNOLOGY LAWS, REGULATIONS AND RULES PROMULGATED PURSUANT THERETO AND AS SPECIFIED BY THE X-RAY SUPERVISOR AND OPERATOR WHO IS CURRENTLY SUPERVISING THE ABOVE NAMED TECHNOLOGIST, IN ACCORDANCE WITH THE PROVISIONS OF SECTION 30505(b), TITLE 17, CALIFORNIA CODE OF REGULATIONS.



In Testimony Whereof, the DEPARTMENT OF PUBLIC HEALTH of the STATE OF CALIFORNIA has caused this PERMIT to be signed by the CHIEF, RADIOLOGIC HEALTH BRANCH.

*Handwritten note:* e-7 Oct 2010 for cert workshop

*Handwritten notes:* 11/11/08, Approval, Original, JM, 7 of 8, 4

*Signature:* Gary W. Butner  
Gary W. Butner, Chief  
Radiologic Health Branch

Permit No. RHM 46689  
Expires: OCTOBER 31, 2010

# ARRT Directory Search

ARRT Identification	
Name	MANDANA SYADAT
City, State, Zip	[REDACTED]
Credentials	R.T.
Expirations	(R)(M) - Valid Thru 09/2011
Signature	09/01/2010 to 08/31/2012

Verified on-line

**THE AMERICAN REGISTRY OF  
RADIOLOGIC TECHNOLOGISTS®**

1255 NORTHLAND DRIVE  
ST. PAUL, MN 55120-1155  
TELEPHONE (651) 687-0048  
www.art.org

Your CE Biennium Period is :  
9/01/2010 Thru 8/31/2012

MANDANA SIYADAT, R.T.



Categories Renewed: R M

PLEASE VERIFY THAT ALL INFORMATION IS CORRECT. NOTE  
ANY CORRECTIONS ON THE REVERSE SIDE OF THIS FORM.

ARRT ID#

195864



THE AMERICAN REGISTRY OF  
RADIOLOGIC TECHNOLOGISTS®  
USE ORIGINAL CARD FOR VERIFICATION

ID Number

195864

SEP-2011

MANDANA SIYADAT, R.T.(R)(M) (ARRT)



\*Status-In CE Compliance\*

CE Biennium  
09/01/2010  
08/31/2012  
@5D

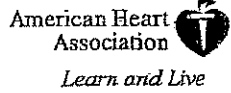
SEE BACK OF CARD FOR REGISTRATION CATEGORIES

**BEND & LIFT**

*Original viewed*

*Arr-*

*9-9-10*



## Healthcare Provider

Mandana Siyadat

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program.

7/8/2009  
Issue Date

7/2011  
Recommended Renewal Date

Training Center Western Regions

TC Address Contact Info SFGH

Course Location SFGH

Instructor John Fazio

Holder's Signature Mandana Siyadat

© 2009 American Heart Association. Tempering with this card will alter its expiration. 70-2915

70-2915 R1/08

*Original viewed.*

*10-21-09*

*AW*

**Attachment 4**



## Notes on Mandana

### A. Communication: poor, combative style of communication

e-mail on 6/23 saying that "that as a charge tech I would like to be consulted in making decisions"

Follow up phone conversation:

I called her to ask if she thought her e-mail was appropriate

Having a conversation was nearly impossible

She repeatedly escalated into yelling and

I repeatedly (3-5 times) reminded her that I was trying to have a conversation NOT a yelling

Working with Mandana can be very difficult. She consistently escalates the tone of what should be simple discussions into loud highly-argumentative conversations/arguments.

e-mail sent by Mandana on Wed 6/23/10:

The regular schedule per room is 26 patients...if every thing goes smoothly as far as patients arriving on time, eligibility being done on time without problems, patients having a perfect body habitus and only needing 4 images, pt speaking English, and not needing translation this can be accomplished.

On Friday we have 37 patients, and you are suggesting 1 tech in the morning, and 1 clerk for the day.

I will not be here on Friday as I mentioned to you yesterday I will be on FMLA due to my mom's illness, so we will need a tech to do QC in the morning, and don't forget Marta does not get here until 8:30 Therefore we need 2 techs, and also 2 clerks, one at the front desk and one in the back. RJ you don't start work early either, so we need someone in charge.

I also would like to mention that as a charge tech I would like to be consulted in making decisions for the day to day operations and scheduling since I am here early in the morning trying to communicate with the charge tech inside to staff Avon.

My understanding is that our first priority is patient care, and to cut our staff interferes with that goal. Mammography is one of the hardest modality in radiology, and I don't think any where else in the department you expect a tech to do this many patients on a daily basis, as I hear over and over again when the techs are inside how little cases they do.

Mandana Siyadat

Background:

A sincere attempt is made to work with Mandana

She was recently very often absent from the center. (not contesting her reasons or absence)

With her not there I have had to step in and handle many issues for her

Rather than being appreciate she returns and e-mails about "being consulted"

The issue here is not taking more techs than planned to Avon

The issue is style of communication by e-mail and over the phone

### B. Decision-making process & handling situations that arise. Communication style.

On Tuesday June 24<sup>th</sup>, Facilities called me to inform Radiology that the Mammo Van will need to be moved in the near future on account of work being done in the parking lot. I directed Facilities to work the details out with Lolita. Apparently Mandana overheard a phone conversation Lolita was having with Micha in Facilities about the upcoming need to move the Van. Rather than find out the options available and the complete facts of the situation Mandana launched into an agitated conversation with me by phone about having to do QC every time we move the ~~phone~~ because we switch from hospital power to generator power. I countered that this does not seem reasonable. We will not be using the Van for patient for another 3 weeks. Even though she is the QC tech it made no sense that we need to do QC every time we switch the power source when no patient care is being provided. She energetically fought me on the issue. I asked her to find the specifications that state this requirement.

She called back hours later saying that in fact QC only had to be done prior to doing patients on the van. Two issues here: 1. Inappropriate style of communication that is not collaborative; 2. focusing on working through the details to fully and properly assessing a situation. This requires a willingness to question ones own assumptions and move forward in the direction the facts lead.

## **Attachment 5**

**SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER  
PERFORMANCE APPRAISAL SUMMARY**

Every Appraisal Packet must include the following:

- Performance Appraisal Summary
- Initial or Annual Required Elements Review
- Criteria Based Performance Expectations
- (if applicable) SFGH Developmental Plan

Name: <b>MANDANA SIYADAT</b>	Unit/Dept: <b>Radiology</b>	Title: <b>DIAGNOSTIC IMAGING TECH III</b>
Evaluator: <b>JOSELITO CRUZ</b>	Unit/Dept: <b>Radiology</b>	Title: <b>RAD TECH SUP</b>
Reason for report: <input type="checkbox"/> 90 days <input type="checkbox"/> 6 months <input checked="" type="checkbox"/> Annual	Period of Report: <b>07/01/2011 – 06/30/2012</b>	

<b>OVERALL RATING</b> (including both performance appraisal and competency validation)	<b>EXCEEDS STANDARDS</b> √	<b>MET STANDARDS</b>	<b>DOES NOT MEET STANDARDS</b>
	E = Exceed Standards	M = Met Standards	U = Unmet
All "E" and "U" ratings require documentation below in Sections II or III.			

**Job Duty Performance Standards Exceeded/Areas of Strength :**

Participates in Performance Improvement/Patient Safety activities. Can articulate a performance improvement project either hospital wide or unit/department specific. Adheres to all regulatory and organizational policies and procedures. Attends mandatory classes as required by both regulatory bodies and the organization. Demonstrates accountability for professional competency and growth. Maintains and upgrades own knowledge, skills, and abilities by participating. Communicates effectively with others. Maintains and promotes a "customer service" philosophy. Supports autonomy, dignity, and rights of patients and others. Establishes collaborative practice with nursing personnel, physicians, and other health care providers. Conserves and maximizes the use of materials and supplies. Manages work time effectively, efficiently and productively. Maintains professional appearance and clean workspace. Functions in a leadership role. Contributing to the professional development of others. Manages departmental crises.

**Job Duty Performance Standards Unmet: (see attached developmental plan)**

**Goals From Prior Year**

*This is Mandana's initial evaluation as an evening Charge Tech in General Diagnostic.*

2011/2012 Performance Appraisal

**PERFORMANCE APPRAISAL SUMMARY**  
Page 2

Goals For This Evaluation [ all that apply]:

- |  |  |
|--|--|
| <input type="checkbox"/> Education Presentation              | <input type="checkbox"/> Develop/implement patient education program |
| <input type="checkbox"/> Participate in CQI activity         | <input type="checkbox"/> Develop/revise policy, protocol or standard |
| <input type="checkbox"/> Participate in task force/committee | <input type="checkbox"/> Contribute to publication                   |
| <input type="checkbox"/> Develop skill or expertise          | <input type="checkbox"/> Other                                       |

Goal #1: Assist the department in reviewing staffing on each shift and weekends.

Goal #2: Learn to fix unverified exams using Powerscribe and PACS.

Goal #3: Perform mammography in Avon Center and MRI.  
Education Record Summary

Date	Class Title	CE	Date	Class Title	CE

Additional Evaluator and Employee comments are optional.

Evaluator Comments:

Mandana completed her Healthstream assignment on time. Her attendance is average. She regularly attends staff meetings and leadership meetings. She provides good inputs on ways to improve the department.

During this evaluation period, Mandana manage general diagnostic including assigning staff in other areas of the department (CT, MRI, OR, Portable). She assist in monthly reports such as infection control for both staff and registry, code blue communication drills, radiation compliance checklist. In addition, she assisted in reviewing candidates for as-needed. She headed the interview panel for 2467 and 2424 per-diems.

Employee Comments:

I, MANDANA SIYADAT certify that I understand the job expectations and performance  
[name of employee]

appraisal criteria of a Diagnostic Imaging Tech III and have received a copy of the job expectations  
[name of position]

and performance criteria.

Mandana Siyadat 12/18/12  
Employee Signature Date  
 Agree with report  Do not agree with report  
 Request conference with reviewer  
 Rebuttal attached  
[Signature] 12/12/12  
Reviewer Signature Date

[Signature] 12/17/12  
Reporting Manager Signature Date  
 I certify that I have reviewed this report.  
 I have taken the following actions:

Original to Human Resources  Copy to Employee  Copy to Department Manager  
Siyadat\_Mandana\_2469\_DIT-III\_fy1112 (Rev: 08/31/12)

**COMMUNITY HEALTH NETWORK OF SAN FRANCISCO**  
**San Francisco General Hospital and Trauma Center**

**CRITERIA BASED PERFORMANCE**  
**EXPECTATIONS & APPRAISAL REPORT - CLINICAL**

**Working Title:**

**Diagnostic Imaging Technologist III**

**Position Summary:**

Under direction, the Diagnostic Imaging Technologist III, functions as a lead Diagnostic Imaging Technologist of a shift or an assigned area of diagnostic imaging with responsibility for scheduling staff, assigning tasks, expediting work flow and providing technical assistance; orients and trains new staff in general and/or advanced modalities; documents initial and annual competency; may perform venipuncture, Cardio-pulmonary Resuscitation (CPR), and assist in preparing and/or administering contrast media, as required relative to modality; performs general diagnostic imaging procedures including gastrointestinal (GI), genitourinary (GU), skeletal, thoracic and trauma imaging procedures; may perform diagnostic imaging and/or therapeutic procedures on all age groups for outpatient, inpatient and emergency/trauma patients in Mammography (MM), Computed Tomography (CT), Magnetic Resonance (MRI) and/or Interventional Radiography (IR); assesses general patient condition; documents medical and department records of procedures and events; transports patients; assists in teaching and grading students; and may perform special projects.

**Reporting Relationships:**

- Reports directly to the Supervising Radiologic Technologist or Director, Radiology.
- Evaluated by the Supervising Radiologic Technologist or Director, Radiology.
- Collaborates with Diagnostic Imaging Technologists, X-ray Lab Aides, Receptionists, File Clerks, Nurses, Radiologists and other health care professionals.

**Position Qualifications:**

- Licensure requirements - Current license issued by the State of California as a Certified Radiologic Technologist (CRT).
- Certification requirements - Certification in and current registration with the American Registry of Radiologic Technologists (ARRT); Certification in Cardio-pulmonary Resuscitation (CPR).
- Physical requirements - Ability to move patients from gurney to table and back.
- Language requirements [as applicable]

**Major Responsibilities:**

- Performs general diagnostic imaging procedures using fixed or portable, general, digital or fluoroscopic diagnostic imaging equipment; lifts and carries film cassettes and magazines to and from imaging equipment; positions patients and selects technical factors based on knowledge of radiologic science, specific equipment and patient assessment; processes film;
- Applies principles of radiation safety in compliance with federal, state and departmental standards; uses appropriate filters, cones, protective clothing and devices to obtain high-quality images with radiation exposure levels as low as reasonably achievable to patients, others and self; wears and exchanges radiation monitoring devices;
- Assesses general patient condition, including stability, pain and safety, and as necessary takes action consistent with standards; monitors medical equipment and promptly adjusts or reports problems; observes and documents patient physical and procedural restraints;

2011/2012 Performance Appraisal

- Documents procedures and events in the patient's medical record and departmental logs, in accordance with regulatory, hospital and departmental standards; identifies images and documents with patient, technologist, date/time and laterality information;
- Transports patients using gurneys, wheelchairs and beds; transfers patients to/from exam table;
- Schedules procedures and patients; transfers paper orders into an electronic order entry; produces, processes and collates images and paperwork, and submits them for interpretation; receives and assists patients and other customers; answers departmental telephones; may be assigned to coordinate patient flow;
- May perform venipuncture and CPR; assists physicians in performing procedures by preparing and/or administering contrast media, setting up sterile and non-sterile trays, and providing instruments, medical devices and supplies as requested;
- Assists in the training of student technologists in the science and practice of diagnostic imaging;
- Participates in departmental Quality Improvement efforts;
- Cleans imaging equipment, supplies and procedure rooms; reports failures and problems;
- Performs other related duties as assigned/required.

**Patient/Client Population:**

Culturally and ethnically diverse individuals from all age groups, gender and economic status.

Performance Criteria	Performance Expectations		
	E	M	U
<b>STANDARDS OF PERFORMANCE</b>			
<b>1. PERFORMANCE IMPROVEMENT/RESEARCH</b>			
a. Participates in Performance Improvement/Patient Safety activities utilizing the Model for Improvement framework, which includes: <ul style="list-style-type: none"> <li>o Developing Aim statements and performance measures</li> <li>o Collecting and analyzing relevant performance data</li> <li>o Conducting rapid cycle improvements using PDSA methodology.</li> <li>o Using PI data to initiate changes to improve practice and service</li> </ul>	√		
b. Can articulate a performance improvement project either hospital wide or unit/department specific.	√		
c. Adheres to all regulatory and organizational policies and procedures.	√		
d. Attends mandatory classes as required by both regulatory bodies and the organization	√		
e. Maintains research as the scientific foundation for practice by incorporating research findings into practice.		√	
<b>2. PERFORMANCE AND EDUCATION</b>			
a. Demonstrates accountability for professional competency and growth by: <ul style="list-style-type: none"> <li>• Evaluating own practice in relation to professional standards.</li> <li>• Identifying strengths and areas for development; takes action to achieve goals.</li> <li>• Maintains current professional licensure and certifications.</li> </ul>	√		
b. Maintains and upgrades own knowledge, skills, and abilities by participating in: <ul style="list-style-type: none"> <li>• Ongoing education/mandatory classes.</li> <li>• Staff Meetings.</li> <li>• Reviewing and sharing pertinent literature.</li> </ul>	√		

2011/2012 Performance Appraisal

Performance Criteria	Performance Expectations		
	E	M	U
<ul style="list-style-type: none"> <li>Reviewing/revising policies and procedures pertinent to the injured patient population.</li> </ul>			
<p><b>3. COMMUNICATION</b> Communicates effectively with others by:</p> <ul style="list-style-type: none"> <li>Communicating in a constructive, non-judgmental manner.</li> <li>Listening attentively and showing empathy.</li> <li>Managing conflict by addressing issues in a manner that maintains good working relationships.</li> <li>Providing written reports [including patient documentation] and assignments in complete, accurate, readable, and timely manner.</li> <li>Providing and accepting feedback.</li> <li>Contributing to the education of staff and students.</li> </ul>	√		
<p><b>4. PATIENT, VISITOR, AND STAFF RELATIONS ~ COLLABORATION &amp; ETHICS</b></p> <p>a. Maintains and promotes a "customer service" philosophy by:</p> <ul style="list-style-type: none"> <li>Demonstrating good interpersonal skills.</li> <li>Cooperating with all levels of staff throughout the organization.</li> <li>Demonstrating flexibility in adapting to changes to meet organizational mission and goals.</li> <li>Respecting patient and employee rights.</li> <li>Managing problems and concerns.</li> <li>Communicating in a courteous and helpful manner.</li> </ul> <p>b. Supports autonomy, dignity, and rights of patients and others by:</p> <ul style="list-style-type: none"> <li>Preserving patient privacy and maintaining confidentiality of information.</li> <li>Performing tasks in a non-judgmental, non-discriminatory manner that is sensitive to individual needs/concerns, cultural diversity and personal limitations.</li> <li><input type="checkbox"/> Ensures that victims of violence, abuse, and neglect are identified, assessed, reported and given appropriate care and referrals to maintain their safety.</li> </ul> <p>c. Establishes collaborative practice with nursing personnel, physicians, and other health care providers.</p>	√		
<p><b>5. RESOURCE UTILIZATION &amp; PRODUCTIVITY</b></p> <p>a. Conserves and maximizes the use of materials and supplies.</p> <p>b. Manages work time effectively, efficiently and productively by:</p> <ul style="list-style-type: none"> <li>Organizing and prioritizing work to maximize productivity during peak work loads as well as slow periods.</li> <li>Completing assignments in a timely manner.</li> </ul>	√		
<p><b>6. PERSONNEL</b></p> <p>a. Adheres to hospital/departmental personnel policies (attendance, punctuality, break times, requesting time off, floating, sexual harassment and violence in the workplace).</p> <p>b. Maintains professional appearance and clean workspace.</p>	√	√	
<p><b>7. LEADERSHIP AND TEAMWORK</b></p> <p>a. Functions in a leadership role by:</p> <ul style="list-style-type: none"> <li>Assisting co-workers as needed.</li> <li>Demonstrating problem solving skills in a manner which promotes patient</li> </ul>	√		

2011/2012 Performance Appraisal

Performance Criteria	Performance Expectations		
	E	M	U
advocacy, customer service, and a team approach <ul style="list-style-type: none"> <li>• Initiating action related to patient care and customers service</li> <li>• Responding effectively in stressful situations</li> <li>• Participating actively in committees and unit based processes</li> <li>• Providing leadership by being aware of resources and contributing to the management of staff coordination, materials/supplies, information, and the unit environment to meet patient and unit needs. Reports pertinent issues to the manager</li> <li>• Problem solving patient care issues</li> <li>• Initiating action related to patient care and department management goals</li> <li>• Managing patient care crises</li> <li>• Influencing staff to support and promote organizational goals.</li> <li>• Supporting the goals of the Department of Public Health and San Francisco General Hospital</li> <li>• Acting as a role model</li> </ul> b. Contributing to the professional development of others by: <ul style="list-style-type: none"> <li>• Sharing knowledge and skills</li> <li>• Contributing to the education of staff and students</li> </ul>			
<b>9. FOR STAFF IN DEPARTMENTAL LEADERSHIP ROLES</b>			
a. Functions in a supervisory role by: <ul style="list-style-type: none"> <li>• Delegating or assigning work based on scope of practice and staff competency</li> <li>• Directing and supervising staff to meet patient care goals as outlined in the plan of care</li> <li>• Evaluating the ability of staff to meet patient care needs</li> <li>• Maintaining effective staffing levels</li> </ul>	√		
b. Problem solves departmental management issues		√	
c. Manages departmental crises	√		

**Rating Scale Definitions**

**Exceeds Standards** = Expert knowledge base. Able to anticipate, identify situations and then modify plans to respond to events. Demonstrates initiative to improve the quality of a department, the health care setting or community. Able to generalize from experience and transfer knowledge to other situations.

**Meets Standards** = Performs job expectations and meets departmental, hospital and regulatory standards. Able to analyze a situation, problems solve and develop short and long range goals; plans and utilizes knowledge effectively and efficiently.

**Unmet Standards** = Does not meet job expectations and or departmental, hospital or regulatory standards.



2011/2012 Performance Appraisal

San Francisco General Hospital and Trauma Center  
CLINICAL MODEL  
2010-2011 Annual Required Elements/Competencies Review  
Department/Unit: Radiology

*Completion Instructions: Manager or designee completes required elements checklist and competencies to ensure all required elements and competencies are met at end of orientation period. Required elements and competencies not completed in satisfactory manner must be achieved through a developmental plan.*

Name: MANDANA SIYADAT	Classification #: 2469	Title: Diagnostic Imaging Technologist III
-----------------------	------------------------	--

**METHOD OF VALIDATION:** O = direct observation; RD = return demonstration; T = test;  
D = documentation review; N/A = not applicable

REQUIRED COMPETENCIES	DATE	O	RD	D	T	N/A	Follow Up / Comments	Evaluator Initials
<b>Patient Safety</b>								
<b>1. Maintains the accuracy of patient identification:</b>								
• Able to state the purpose of having a system for identifying patients	12/12/12		√					JMC
• Able to describe the hospital's model for patient identification by naming two patient identifiers	12/12/12		√					JMC
• Able to state when it is necessary to verify a patient's identity	12/12/12		√					JMC
<b>2. Demonstrates effective communication among caregivers</b>								
• Uses approved abbreviations	12/12/12		√					JMC
• Articulates policy for taking verbal orders	12/12/12		√					JMC
• Develops patients' plan of care and documents in appropriate places						√		JMC
<b>3. Patient Hand-off and Report with Safe Communication:</b>								
Able to verbalize the meaning of SBAR	12/12/12		√					JMC
- Situation	12/12/12		√					JMC
- Background	12/12/12		√					JMC
- Assessment	12/12/12		√					JMC
- Recommendation	12/12/12		√					JMC
<b>4. National Patient Safety Goals:</b>								
Can name the national patient safety goals and what is being done at SFGH to meet these goals	12/12/12		√					JMC

2011/2012 Performance Appraisal

REQUIRED COMPETENCIES	DATE	O	RD	D	T	N/A	Follow Up/Comments	Evaluator Initials
5. As appropriate, can name a medication ordered for the chosen patient, noting: <i>Contrast Only</i>								
• Indications for its use	12/12/12		√					JMC
• Most common side effects	12/12/12		√					JMC
• Contraindications	12/12/12		√					JMC
<b>Emergency Response Skills</b>								
<b>1. Code Pink:</b>								
Verbalizes department response to Code Pink	12/12/12		√					JMC
<b>2. Fire:</b>								
• Verbalizes each step in R.A.C.E. and P.A.S.S. R – Rescue persons in immediate danger A – Alarm and Alert 911 C – Contain, close doors and windows Shut off oxygen E – Evacuate or Extinguish	12/12/12		√					JMC
P – Pull A – Aim S – Squeeze S – Sweep								
• Locates 2 fire exits and 2 fire extinguishers in immediate work area	12/12/12		√					JMC
<b>3. Code Blue:</b>								
• Locates crash cart in area	12/12/12		√					
• Verbalizes signs of patient distress	12/12/12		√					JMC
• Verbalizes how to initiate Code Blue	12/12/12		√					JMC
• Describes his/her role during Code Blue or alternative emergency response (example: 911)	12/12/12		√					JMC
<b>4. Bomb Threats:</b>								
Verbalizes bomb threat procedures	12/12/12		√					JMC
<b>5. Emergency Response Plan:</b>								
• Able to locate								
– The hospital Emergency Response Plan	5/28/12				√			JMC
– Unit Based Disaster Response Plan	5/28/12				√			JMC

2011/2012 Performance Appraisal

REQUIRED COMPETENCIES	DATE	O	RD	D	T	N/A	Follow Up/ Comments	Evaluator Initials
- The Unit's Call Back Tree	5/28/12				√			JMC
• Able to Verbalize:								
- Knowledge of each level of response for the unit	5/28/12				√			JMC
- Unit's evacuation procedures	12/12/12		√				ED parking lot Meet 23 <sup>rd</sup> & San Bruno	JMC
- Location of the Hospital's Incident Command Center (HICS)	12/12/12		√				2A6	JMC
- Knowledge of city disaster worker responsibilities	12/12/12		√				Report to work if called. KNBR, KCBS	JMC
CCSP Disaster Service Worker ID								
• Possess a Disaster Service Worker ID badge at all times (validated by manager)	12/12/12		√					JMC
Health & Safety Requirements								
1. Annual Employee Health Requirements:								
Complies with annual employee health requirements (PPD, Flu, Respiratory Fit Testing Etc.)	04/20/11 04/25/11			√ √			N95 TB	JMC JMC
2. Adheres to and promotes safety practices:								
• Identifies and reports hazards	4/17/12				√			JMC
• Uses equipment safely and correctly including Personal Protective Equipment (PPE)	4/17/12				√			JMC
• Labels and reports equipment malfunctions in a timely manner	4/17/12				√			JMC
• Locates MSDS Inventory	4/17/12				√			JMC
• Uses proper techniques to avoid work related injuries	4/17/12				√			JMC
• Uses Universal Body Substance Precautions	4/17/12				√			JMC
• Wears an unobstructed and unaltered hospital ID Badge at all times	12/12/12		√					JMC
• Reports work related injury/illnesses within the proper time frame	4/17/12				√			JMC
3. Hazardous Materials:								

2011/2012 Performance Appraisal

REQUIRED COMPETENCIES	DATE	O	RD	D	T	N/A	Follow Up / Comments	Evaluator Initials
• Locates MSDS inventory and verbalizes hazardous materials/chemical spill procedures	4/17/12				√			JMC
<b>4. Infection Control</b>								
• Follows hand hygiene procedures as specified in Infection Control Policy 3.01	5/28/12				√			JMC
• Uses Universal Body Substance Precautions.	5/28/12				√			JMC
• Demonstrates appropriate respiratory isolation and precautions for self, staff, visitors, and patients.	5/28/12				√			JMC
• Identifies indicators that require special precautions (e.g.: special contact precautions) and notifies infection control (when appropriate)	5/28/12				√			JMC
• Understands and adheres to hospital Respiratory Protection practices	5/28/12				√			JMC
• Locates and utilizes appropriate personal protective equipment (goggles, masks, gloves, gowns)	5/28/12				√			JMC
<b>5. SFGH Strategic Plan</b>								
• Able to state the SFGH Mission	12/12/12		√					JMC
• Able to state the SFGH Vision	12/12/12		√					JMC
• Able to identify the three foundations of the Strategic Plan	12/12/12		√					JMC
• Able to describe two methods of contributing to the Strategic Plan	12/12/12		√					JMC

UNIT BASED COMPETENCY #1	O	RD	D	T	N/A	Evaluator Initials	DATE
					√	JMC	

2011/2012 Performance Appraisal

REQUIRED ELEMENTS		DATE	O	RD	D	T	N/A	Follow Up / Comments	Evaluator Initials
<b>Required Professional License</b>									
<b>Certificate</b>	<b>Expiration Date</b>								
CRT	10/2012	5/28/12			√				JMC
CRTF	10/2012	5/28/12			√				JMC
CRTM	10/2012	5/28/12			√				JMC
ARRT	9/2012	5/28/12			√				JMC
<b>Unit Specific Certifications &amp; Expiration Dates</b> (for example CPR, ACLS, PALS attach copy of current certification - CPR)									
<b>Certificate</b>	<b>Expiration Date</b>								
CPR	7/2013	5/28/12			√				JMC
<b>Education</b>									
1. <b>HealthStream</b> (attach copy of Health Stream transcript)									
• Blood Borne Pathogens Cal/OSHA Training		5/28/12				√			JMC
• National Patient Safety Goals		4/17/12				√			JMC
• Infection Control		5/28/12				√			JMC
• Environment of Care		5/23/12				√			JMC
• Compliance		4/17/12				√			JMC
• HIPAA (Privacy) Awareness		5/23/12				√			JMC
• Information Systems Security		5/23/12				√			JMC
2. <b>Blood Borne Pathogens Training</b> (for employees with routine exposure)									
Locates and utilizes appropriate personal protective equipment (Goggles, Masks, Gloves, Gowns)		12/12/12		√					JMC
<b>Patient Rights</b>									

2011/2012 Performance Appraisal

REQUIRED ELEMENTS	DATE	O	RD	D	I	N/A	Follow Up/Comments	Evaluator Initials
Reviews and able to verbalize:								
• Confidentiality policy	5/23/12				√			JMC
• Advance directives	5/23/12				√			JMC
• Interpreter policy	5/23/12				√			JMC
• Appropriate customer service skills	5/23/12				√			JMC
• Right to a physically safe environment	5/28/12				√			JMC
<b>Pain Management Skills</b>								
Follows hospital pain management by:								
• Conducting pain assessment, reassessment and documenting response to pain medications (Administrative P&P: 16.23)						√		JMC
• Using pain scale	5/28/12				√			JMC
• Utilize unit and discipline specific interventions:						√		JMC
– Opiate Infusions						√		JMC
– Epidural Infusions						√		JMC
– Patient Controlled Analgesic						√		JMC
<b>Restraints</b>								
Complies with hospital restraint policy 16.09 by:								
• Identifying restraint types						√		JMC
• Applying restraint(s) correctly						√		JMC
• Knowing contraindications and precautions:						√		JMC
– Articulates assessment, planning, intervention, evaluation and re-intervention as well as discontinuation of restraints at earliest time						√		JMC
– Strives to prevent, reduce and eliminate the use of restraints						√		JMC
– Understands inherent risks to the patient associated with restraint use	5/28/12				√			JMC

2011/2012 Performance Appraisal

REQUIRED ELEMENTS	DATE	O	RD	D	T	N/A	Follow Up / Comments	Evaluator Initials
• Documents monitoring observations, assessments and interventions						√		JMC
<b>Administration of Medications</b>								
• States medication precautions, contraindications, adverse reactions, mechanism of reporting and documents according to standard hospital policy (Administrative P&P 16.5 & 16.25)	5/28/12				√			JMC
<b>Safety Devices</b>								
Safe Needle devices skills checklist completed						√		JMC
<b>Unit Staffing</b>								
Can articulate the unit's staffing policy (assignments, skill mix, etc.) and the staffing assignment sheets						√		JMC
<b>Population Specific Skills</b>								
Identifies the population specific needs of the patient including needs related to specific age groups and ensures appropriate interventions for the support of patient and family								
• Psychiatry	12/12/12		√					JMC
• Cardiology	12/12/12		√					JMC
• Diabetes	12/12/12		√					JMC
• HIV/AIDS	12/12/12		√					JMC
• Substance Use	12/12/12		√					JMC
• Trauma	12/12/12		√					JMC
• Pediatrics	12/12/12		√					JMC
• Geriatrics	12/12/12		√					JMC
• Orthopedics	12/12/12		√					JMC
• Stroke	12/12/12		√					JMC
•								JMC
<b>Population Specific Equipment</b>								
• PIGG O STAT	12/12/12		√					JMC
• Easy Lift	12/12/12		√					JMC
<b>Unit Based Skills &amp; Equipment</b>								
• CR & NX	5/28/12	√						JMC

2011/2012 Performance Appraisal

REQUIRED ELEMENTS	DATE	O	RD	D	T	N/A	Follow Up/ Comments	Evaluator Initials
• DR (Swissray)	5/28/12	√						JMC
• Portables - DR (Swissray)	5/28/12	√						JMC
• C-arm	5/28/12	√						JMC
Position/Discipline Specific Skills								
•								

Initials	Name of Evaluator	Title
JMC	JOSELITO CRUZ	RAD TECH SUP



2011/2012 Performance Appraisal

San Francisco General Hospital Medical Center  
 Developmental Plan

Completion Instructions: The staff member must successfully complete a developmental plan in order to demonstrate initial required elements and competencies for this position.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ POSITION \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_

Date Plan Initiated \_\_\_\_\_ Date Plan Completed \_\_\_\_\_

COMPETENCY	LEARNING OBJECTIVES & ACTION PLAN	INSTRUCTION METHOD	VALIDATION METHOD	TARGET DATE	DATE COMPLETED	PRECEPTOR SIGNATURE

357

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_ Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

- Instruction Method**  
 R = printed material and outside reading  
 V = video  
 D = demonstration  
 J = interactive discussion  
 C = computer aided instruction  
 E = education courses  
 S = simulations  
 P = practice sessions
- Validation Method**  
 T = written test  
 RD = return demonstration  
 O = observation  
 O/A = oral question and answer  
 C = certification received

**OFFICIAL TRANSCRIPT  
SFGH City and County  
MANDANA SIYADAT**

Transcript Range: Sep. 18, 2011 - Sep. 17, 2012

Report Date: September 17, 2012 6:33 PM

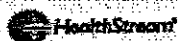
**TOTALS FOR MANDANA SIYADAT**

COMPLETIONS	ESTIMATED TIME
13	4:32

Name	Est. Time*	Completion Date
<input checked="" type="checkbox"/> 2012 Infection Control - Infection Control	0:05	05/28/2012
<input checked="" type="checkbox"/> San Francisco General Hospital - Bloodborne Pathogens	0:55	05/28/2012
<input checked="" type="checkbox"/> San Francisco General Hospital - Radiation Awareness - Rad	0:05	05/28/2012
<input checked="" type="checkbox"/> Treating Patients with Dignity and Respect (CBT) - Abuse	0:05	05/28/2012
<input checked="" type="checkbox"/> N95 Respirator - N95	0:45	05/23/2012
<input checked="" type="checkbox"/> San Francisco General Hospital - Baby Friendly Initiative	0:25	05/23/2012
<input checked="" type="checkbox"/> HIPAA - Privacy, I.S. Security	0:30	05/23/2012
<input checked="" type="checkbox"/> 2012 Stroke - Clinical - Stroke	0:05	05/23/2012
<input checked="" type="checkbox"/> 2012 Environment of Care	0:30	05/23/2012
<input checked="" type="checkbox"/> Radiology Required Elements - Radiology Services	0:20	04/17/2012
<input checked="" type="checkbox"/> Emergency Preparedness	0:05	04/17/2012
<input checked="" type="checkbox"/> 2012 National Patient Safety Goals - Clinical	0:02	04/17/2012
<input checked="" type="checkbox"/> 2012 COMPLIANCE	0:40	04/17/2012

\* Estimated Times are stated in hours:minutes format.

Legend:  
 Course



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Build 12.07.30.678.10

O:HLCWEB25

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Radiologic Health Branch MS 7610  
Box 997414  
Sacramento, CA 95899-7414  
(916) 327-5108 www.cdph.ca.gov/rhb



Dear Radiologic Technologist:  
Your current certificate or permit  
is valid until: OCTOBER 31, 2012

**DISPLAY:**

Your certificate or permit, or a copy thereof, must be prominently displayed at each place where you perform activities which require a technologist certificate or permit.

**MANDANA SIYADAT**



**CHANGE OF NAME AND/OR ADDRESS:**

Regulations require that you notify this office **WITHIN 30 DAYS** of any change in your name and/or address. Please make the necessary changes on the three lines provided to the left as indicated. Subsequent name and/or address changes should be made by a letter mailed to the address below. Please refer to your certificate number **RHM 46689** in any correspondence with the Department.

Print any name and/or address changes below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Radiologic Health Branch MS 7610  
PO Box 997414  
Sacramento, CA 95899-7414

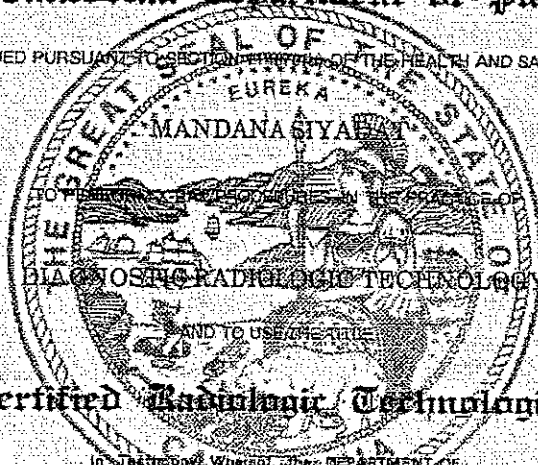
Thank you for your cooperation.

Post certificate or permit where you use the X-ray equipment

Rhcert1 07/01/07  
Fold Here

State of California Department of Public Health

THIS CERTIFICATE, ISSUED PURSUANT TO SECTION 17000 OF THE HEALTH AND SAFETY CODE, AUTHORIZES



1 of 34

Original viewed

AVR  
12-14-10

In testimony whereof, the DEPARTMENT OF PUBLIC HEALTH of the STATE OF CALIFORNIA has caused this CERTIFICATE to be signed by the CHIEF, RADIOLOGIC HEALTH BRANCH.

Certificate No. RHM 46689  
Expires OCTOBER 31, 2012

*Gary W. Butner*  
Gary W. Butner, Chief  
Radiologic Health Branch

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Radiologic Health Branch MS 7610  
Box 997414  
Sacramento, CA 95899-7414  
327-5108 www.cdph.ca.gov/rhb



Dear Mammographic Technologist:  
Your current certificate  
is valid until: **OCTOBER 31, 2012**

**DISPLAY:**

Your certificate, or a copy thereof, must be prominently displayed at each place where you perform activities which require a Mammographic certificate.

**MANDANA SIYADAT**



Print any name and/or address changes below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHANGE OF NAME AND/OR ADDRESS:**

Regulations require that you notify this office **WITHIN 30 DAYS** of any change in your name or address. Please make the necessary changes on the three lines provided to the left as indicated. Subsequent name and/or address changes should be made by a letter mailed to the address below. Please refer to your certificate number **RHM 46689** in any correspondence with the Department.

Radiologic Health Branch MS 7610  
PO Box 997414  
Sacramento, CA 95899-7414

Thank you for your cooperation.

Post certificate where you use the Mammographic equipment.

Mamtech 07/01/07  
Fold Here

State of California Department of Public Health

THIS CERTIFICATE, ISSUED PURSUANT TO SECTION 26100 OF THE HEALTH AND SAFETY CODE, AUTHORIZES



20134

Original viewed

In testimony whereof, the DEPARTMENT OF PUBLIC HEALTH OF THE STATE OF CALIFORNIA, has caused this CERTIFICATE, to be signed by the CHIEF, RADIOLOGIC HEALTH BRANCH.

Avr  
12-14-10

Certificate No. RHM 46689  
Expires: OCTOBER 31 2012

Gary W. Butner, Acting Chief  
Radiologic Health Branch

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Radiologic Health Branch MS 7610  
PO Box 997414  
Sacramento, CA 95899-7414  
8) 327-5185 www.cdph.ca.gov/rhb



Dear Radiologic Technologist,  
Your current permit  
is valid until: OCTOBER 31, 2012

**DISPLAY:**

Your permit, or a copy thereof, must be prominently displayed at each place where you perform activities which require an Radiologic Technologist Fluoroscopy permit.

**MANDANA SIYADAT**



Print any name and/or address changes below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHANGE OF NAME AND/OR ADDRESS:**

Regulations require that you notify this office **WITHIN 30 DAYS** of any change in your name and/or address. Please make the necessary changes on the three lines provided to the left as indicated. Subsequent name and/or address changes should be made by a letter mailed to the address below. Please refer to your permit number **RHM 46689** in any correspondence with the Department.

Radiologic Health Branch MS 7610  
PO Box 997414  
Sacramento, CA 95899-7414

Thank you for your cooperation.

Post your permit where you use the X-ray equipment

Rh/pim1 07/01/07  
Fold Here

State of California Department of Public Health  
Radiologic Technologist Fluoroscopy Permit

THIS PERMIT, ISSUED PURSUANT TO SECTION 114870(c) OF THE HEALTH AND SAFETY CODE, AUTHORIZES



**MANDANA SIYADAT**  
TO PERFORM FLUOROSCOPY PROCEDURES AND EXAMINATIONS IN ACCORDANCE WITH THE RADIOLOGIC TECHNOLOGY LAWS, REGULATIONS AND RULES PROMULGATED PURSUANT THEREOF AND AS SPECIFIED BY THE X-RAY SUPERVISOR AND OPERATOR WHO IS CURRENTLY SUPERVISING THE ABOVE-NAMED TECHNOLOGIST, IN ACCORDANCE WITH THE PROVISIONS OF SECTION 30501(b) TITLE 17, CALIFORNIA CODE OF REGULATIONS.

30734

Original viewed

AUR  
1214-10

Permit No. RHM 46689  
Expires: OCTOBER 31 2012

*Gary W. Butner*  
Gary W. Butner, Chief  
Radiologic Health Branch



# RHB Permits and Certificates on the Web

Database Last Updated 10/22/2010 7:46:45 AM  
[Click here to search](#)

This Radiologic Health Branch searchable list provides the most up to date information on valid and current certificates and permits. The searchable list will not display any certificates/permits that are not currently valid for any reason, or that have expired as of the last updated date indicated above.

A person who holds a valid and current certificate or permit must display it, or a copy, at his or her worksite. It is the possession of a valid authorization, certificate, or permit that allows a person to use x-rays in the healing arts. The Appearance of his or her name on this list verifies the current validity of any certificate/permit listed.

New certificates and permits, and certificates and permits in renewal that are not listed may still be in the process of being updated. If these certificates/permits do not appear, you should wait until the next update (once a day).

If you discover a mistake or have concern about the validity of any certificate/permit, please [click here to send an email to Radiologic Health Branch](#). Please do not call the Radiologic Health Branch as sending an e-mail will allow us to respond more quickly to your message.

The Radiologic Health Branch searchable list may be printed and posted as a VALID TEMPORARY AUTHORIZATION, acceptable for the following conditions:

1. During the hiring process. Only valid as an authorization for the categories listed below and only until the valid certificate/permit arrives.
2. During certificate/permit renewal processing. The authorization is valid based upon the new expiration date and only while it is attached to the expired certificate/permit.

Please note that a certificate/permit may take up to 4 to 6 weeks to arrive.

**License Details**

License/Permit Holder: MANDANA SIYADAT  
 License Number: RHM 00046689  
 License Title: DIAGNOSTIC RADIOLOGIC TECHNOLOGY  
 Expiration Date: 2012-10-31

License/Permit Holder: MANDANA SIYADAT  
 License Number: RHM 00046689  
 License Title: FLUOROSCOPY  
 Expiration Date: 2012-10-31

License/Permit Holder: MANDANA SIYADAT  
 License Number: RHM 00046689  
 License Title: MAMMOGRAPHIC RADIOLOGIC TECHNOLOGY  
 Expiration Date: 2012-10-31  
 End of License Details

[Return to Search](#)

4 of 4

Verified online

HR/AM  
10-22-10

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362  
Employee Requested

HEALTHCARE PROVIDER HEALTHCARE PROVIDER  
**Healthcare  
Provider**



Training Center Name SFGH TC ID # CA02885

TC Info San Francisco, CA 94110 (415) 206-5120

Course Location SFGH

Instructor Name John Fazio Inst. ID # 05060095552

Holder's Signature Mandana Siyadat  
© 2011 American Heart Association. Laminating with this card will alter its appearance. 90-1801

**Siyadat, Mandana**  
This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association ELS for Healthcare Providers (CPR and AED) Program.

Issue Date: 07/2011 Recommended Renewal Date: 07/2013

PEEL  
HERE

This card contains unique security features to protect against forgery.

90-1801 3/11

*Original viewed*

*AKC  
7-13-11*



## RHB Permits and Certificates on the Web

Database Last Updated: 10/22/2010 7:46:45 AM

[Click here to search](#)

This Radiologic Health Branch searchable list provides the most up to date information on valid and current certificates and permits. The searchable list will not display any certificates/permits that are not currently valid for any reason, or that have expired as of the last updated date indicated above.

A person who holds a valid and current certificate or permit must display it, or a copy, at his or her worksite. It is the possession of a valid authorization, certificate, or permit that allows a person to use x-rays in the healing arts. The appearance of his or her name on this list verifies the current validity of any certificate/permit listed.

New certificates and permits, and certificates and permits in renewal that are not listed may still be in the process of being updated. If these certificates/permits do not appear, you should wait until the next update (once a day).

If you discover a mistake or have concern about the validity of any certificate/permit, please [click here to send an email to Radiologic Health Branch](#). Please do not call the Radiologic Health Branch as sending an e-mail will allow us to respond more quickly to your message.

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1. During the hiring process. Only valid as an authorization for the categories listed below and only until the valid certificate/permit arrives.
2. During certificate/permit renewal processing. The authorization is valid based upon the new expiration date and only while it is attached to the expired certificate/permit.

Please note that a certificate/permit may take up to 4 to 6 weeks to arrive.

#### License Details

License/Permit Holder: MANDANA SIYADAT  
 License Number: RHM 00046689  
 License Title: DIAGNOSTIC RADIOLOGIC TECHNOLOGY  
 Expiration Date: 2012-10-31

License/Permit Holder: MANDANA SIYADAT  
 License Number: RHM 00046689  
 License Title: FLUOROSCOPY  
 Expiration Date: 2012-10-31

License/Permit Holder: MANDANA SIYADAT  
 License Number: RHM 00046689  
 License Title: MAMMOGRAPHIC RADIOLOGIC TECHNOLOGY

Expiration Date: 2012-10-31

End of License Details

[Return to Search](#)

4 of 4

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HR/AM  
10-22-10

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PLEASE VERIFY THAT ALL INFORMATION IS CORRECT. NOTE ANY CORRECTIONS ON THE REVERSE SIDE OF THIS FORM.

ARRT ID# 195864



THE AMERICAN REGISTRY OF  
RADIOLOGIC TECHNOLOGISTS®

USE ORIGINAL CARD FOR VERIFICATION

I.D. Number

Valid Thru End Of

195864

SEP-2012

MANDANA SIYADAT, R.T.(B)(M) (ARRT)

Status In CE Compliance

CE Biennium

09/01/2010

08/31/2012

@5D

BEND & LIFT

SEE BACK OF CARD FOR REGISTRATION CATEGORIES

1 of 2

Original viewed AUC

8-30-11

Employee requested  
exclusion from ARRT Directory

ARRT - VERIFY CREDENTIALS

NOTE: This directory was updated at the close of the last business day. The ARRT provides this information regarding technologist registration status and considers it to be a primary source of Registered Technologist verification.

Name	MANDANA SIYADAT
City, State, Zip	[REDACTED]
Credentials	R.T.(R)(M)(ARRT)
Valid Thru	09/2012
CE Biennium	8/1/2010 to 8/31/2012

Credential Description

Copyright 2011 The American Registry of Radiologic Technologists®

*Verified online*

*HR/AW*

*2 of 2*

*9-22-11*

# **EXHIBIT B**

HUMAN RESOURCES DIRECTOR'S  
DETERMINATION LETTER TO  
COMPLAINANT

**—BLANK PAGE—**

City and County of San Francisco

Edwin M. Lee  
Mayor



Department of Human Resources

Micki Callahan  
Human Resources Director

January 17, 2014

**CONFIDENTIAL**

**Via U.S. Mail**

Mandana Siyadat  
[REDACTED]

Re: Discrimination Complaint, DHR EEO File No. 1652

Dear Ms. Siyadat:

The San Francisco Charter § 10.103 and Civil Service Commission Rule 103 provide that the Human Resources Director reviews and resolves all complaints of employment discrimination. The purpose of my letter is to notify you of my determination in the complaint you filed, alleging disparate treatment and harassment/hostile work environment based on your national origin (Iran) and gender (female) against then supervisor, Brian Moser, 2496 Radiologic Technologist Supervisor, and the San Francisco Department of Public Health (Department).

**I. BACKGROUND**

You are a 2469 Diagnostic Imaging Technologist III (Technologist) at San Francisco General Hospital (SFGH) Department of Radiology. Technologists can be assigned to the Avon Comprehensive Breast Cancer Center (Avon) or the Main Radiology Department (Main). Robert Merck, 2496 Radiologic Technologist Supervisor, was your supervisor from November 2009 to October 2010. On October 4, 2010, Mr. Brian Moser became your supervisor. From June 2010 to October 2011, Mr. Rafael Ibarra, 2469 Diagnostic Imaging Technologist III, was the Interim Director of Radiology. From October 2007 to September 2011, you were assigned to Avon. You are currently assigned full-time to Main and your supervisor is Joselito Cruz, 2496 Radiologic Technologist Supervisor.

The technologists assigned to Avon must be licensed to perform mammograms and must comply with the U.S. Food and Drug Administration's (FDA) mammography regulations. The continuing experience requirement of the FDA's mammography regulations states that technologists must have performed a minimum of 200 mammograms during the 24 months immediately preceding the dates of the facility's annual inspection or the last day of the calendar quarter preceding the inspection or any date in between the two. The facility selects one of these dates to determine the 24-month period. According to Nancy Toscano, 2469 Diagnostic Imaging Technologist III, in the past, Avon has selected the date of the inspection to determine the 24-month period.

If a technologist fails to meet the continuing experience requirement, the facility will be cited. Additionally, technologists may only perform mammograms under direct supervision until they

have reestablished the continuing experience requirement. To do so, they must perform 25 mammograms under direct supervision.

## II. ALLEGATIONS

On September 29, 2011, you filed a complaint with the Department of Public Health's Office of Equal Employment and Cultural Competency (DPH EEO), alleging that Brian Moser, 2496 Radiologic Technologist Supervisor, subjected you to a hostile work environment because of your gender (female) and national origin (Iran). You also alleged that Mr. Moser and the Department of Radiology discriminated against you because of your gender (female) and national origin (Iran), and retaliated against you for opposing discrimination.

On October 5, 2011, you submitted a follow-up complaint to DPH EEO, in which you raised additional allegations of discrimination and retaliation. Specifically, you alleged that:

- A. Between February 2011 and May 2011, Brian Moser subjected you to harassment/hostile work environment by making inappropriate comments based on your gender (female) and national origin (Iran);
- B. On May 25, 2011, the Department extended your probation because of your gender (female) and national origin (Iran), and due to retaliation;
- C. On June 7, 2011, the Department removed your Charge Technologist responsibilities because of your gender (female) and national origin (Iran), and due to retaliation;
- D. On June 9, 2011, the Department changed your work location from four (4) days at Avon each week to two (2) days at Avon and two (2) days at Main each week because of your gender (female) and national origin (Iran), and due to retaliation;
- E. On July 22, 2011, the Department removed your Quality Control (QC) Technologist responsibilities because of your gender (female) and national origin (Iran), and due to retaliation;
- F. On July 12, 2011 and October 6, 2011, the Department denied you training because of your gender (female) and national origin (Iran), and due to retaliation;
- G. On October 6, 2011, the Department gave you a performance evaluation rating of "Does Not Meet Standards" because of your gender (female) and national origin (Iran), and due to retaliation; and,
- H. On July 21, 2011, Mr. Moser threatened to write you up for insubordination due to retaliation;
- I. On October 6, 2011, you were singled out to have to have a second supervisor sit in on your PPAR evaluation meeting due to retaliation.

The complaint was assigned to Zachary Williams, Equal Employment Opportunity and Cultural Competency Programs Specialist, and was recorded as DHR EEO File No. 1652. Mr. Williams conducted an investigation of your allegations. On December 20, 2012, the investigation was transferred to the Department of Human Resources, Equal Employment Opportunity Division (DHR EEO) and was assigned to Matthew Valdez, Equal Employment Opportunity Programs Specialist. Mr. Valdez completed the investigation of your complaint and submitted his report to me for a determination.

### **III. INVESTIGATIVE STANDARDS**

#### **Harassment/Hostile Work Environment Standard**

To establish a complaint of harassment/hostile work environment, you must establish the following: (1) You were subjected to physical, verbal, or visual conduct on account of the your membership in a protected category; (2) The conduct was unwelcome; and (3) The conduct was sufficiently severe or pervasive as to alter the condition of your employment and create an abusive working environment.

#### **Discrimination/Disparate Treatment Standard**

To establish a complaint of discrimination/disparate treatment, you must establish all of the following: (1) you are a member of a protected category; (2) you suffered an adverse employment action; and (3) you suffered an adverse employment action because of your membership in a protected category.

#### **Retaliation Standard**

To establish a complaint of retaliation, you must establish all of the following: (1) you engaged in a protected activity; (2) you suffered an adverse employment action; and (3) there was a causal link between the protected activity and the adverse employment action.

### **IV. INVESTIGATIVE FINDINGS**

#### **Allegation A: Hostile Work Environment due to Gender and National Origin**

You alleged that Mr. Moser made unwelcome verbal comments on the basis of your national origin and gender on three (3) occasions.

On February 18, 2011, Mr. Moser told you that a volatile patient was "just like Iranian women." He "snickered" and gestured his hand toward you when he made the comment. On May 10, 2011, Mr. Moser pointed toward you and told you that an upset patient was "like Iranian women." When he made the comment, you told him that you did not appreciate his remarks about your ethnicity. After the incident, you reported Mr. Moser's conduct to then Interim Director of Radiology, Rafael Ibarra. In May 2011, after you cut your hair, Mr. Moser told you, "Oh, you got a haircut so you don't have to use too much shampoo."

Mr. Moser denied making the comments to you, and there were no witnesses to any of the three (3) comments.

#### **Analysis**

You alleged that on February 18, 2011 and May 10, 2011, Mr. Moser commented that a volatile patient was "like Iranian women" while gesturing toward you. Also in May 2011, Mr. Moser said, "Oh you got a haircut, so you don't have to use too much shampoo." You were unable to explain

why you believed this third comment was motivated by your gender or national origin. Therefore, the alleged comment about your haircut is not within the jurisdiction of the EEO procedures.

Mr. Moser denied making the "like Iranian woman" comments, and there were no witnesses to either of these two (2) comments. However, five (5) witnesses testified they have heard inappropriate gender-based, racial, or national origin-based comments by Mr. Moser. The evidence supports that Mr. Moser has a pattern of making inappropriate remarks about gender, race, and national origin. Therefore, it is more likely than not that Mr. Moser made the two (2) "like Iranian women" comments.

Two (2) inappropriate comments over a four (4) month period do not rise to the level of being severe or pervasive as to alter the condition of your employment and create an abusive working environment. Therefore, the investigative findings do not support your allegation that Mr. Moser subjected you to a hostile work environment because of your gender or national origin.

Nonetheless, Mr. Moser's comments violated the City and County of San Francisco's (CCSF) Harassment Free Workplace Policy, which states "[a]n employee may be subject to discipline for engaging in harassing conduct that does not meet the definition of harassment under federal and state law, but that, if repeated or allowed to continue, might meet that definition." Appropriate action will be taken to ensure Mr. Moser refrains from further inappropriate comments.

### **Allegations B-G: Discrimination/Disparate Treatment because of Gender and National Origin**

#### **Allegation B: Extension of Probation**

On February 9, 2011, you were promoted to a permanent 2469 Diagnostic Imaging Technologist III position. As a result of the promotion to permanent status, you were required to serve a three (3) month probationary period, which was due to end on May 8, 2011.

In March 2011, Mr. Moser told you that you were out of compliance with the FDA mammography regulations which require technologists to have performed 200 mammograms in the 24 months preceding the date of the annual inspection. You stated that you were not out of compliance as compliance was to be determined by the inspectors on April 26, 2011, by which date you had performed 201 mammograms in the previous 24 months. On April 26, 2011, Avon passed its annual inspection.

On May 19, 2011, Mr. Ibarra told you that Mr. Moser informed him that you were out of compliance with the regulations again because you had only performed 194 mammograms in the previous 24 months. On May 24, 2011, Mr. Moser and Mr. Ibarra told you that your probation was being extended until September 2, 2011 due to non-compliance with the mammography regulations. You protested stating that you were in compliance with the regulations. However, you agreed to the extension of probation because you believed that you would be terminated if you did not agree to the extension.



Allegation C: Reassignment of Charge Technologist Duties

The 2469 Diagnostic Imaging Technologist III position is commonly referred to as the Charge Technologist. The Charge Technologist functions as the lead technologist. At Avon, in addition to performing mammograms and biopsies, the Charge Technologist is responsible for the administrative and operational tasks at Avon, such as managing the workload, assigning cases to the technologists, and assisting the technologists with complex cases.

You alleged that beginning June 7, 2011, you were assigned only to perform mammograms and biopsies on the days you were assigned to Avon. You no longer were assigned to perform the administrative and operational tasks associated with the Charge Technologist position.

Mr. Ibarra recommended that Mr. Moser reassign your Charge Technologist duties due to Mr. Moser informing him that you were out of compliance with the mammography regulations.

Allegation D: Change in Work Location

On June 9, 2011, you were reassigned from four (4) days at Avon each week to two (2) days at Avon and two (2) days at Main. Although you did not perform mammograms and biopsies at Main, you performed different aspects of radiography consistent with your job classification. You did not lose any compensation or status as a result of the reassignment.

Allegation E: Reassignment of Quality Control (QC) Technologist Duties

You were the QC Technologist on record with the FDA and the State of California. On July 22, 2011, you sent an email to Mr. Moser and Mr. Ibarra requesting that you no longer be responsible for the QC duties as you were no longer at Avon full-time. As a result, Mr. Moser reassigned the QC Technologist responsibilities.

Allegation F: Denial of Training

July 12, 2011 Denial of Training on Biopsy Equipment

You alleged that on July 12, 2011, Mr. Moser denied your request to attend training on a new piece of biopsy equipment. You had missed the first training in April 2011 because you were out on medical leave. When you learned that the training was being held in July 2011, you requested to attend. Mr. Moser did not respond to your request.

October 6, 2011 Denial of Training on Mammography Machine

You alleged that on October 6, 2011, Mr. Moser denied you training on a new mammography machine. The training was a three-day training held from October 4, 2011 to October 6, 2011 and trained the technologist on performing the required QC tests for the new machine. Mr. Moser told you that you had already been trained on the equipment and that the training was for technologists who had not previously received training on the equipment. He also stated that the Department was short-staffed because there was another training occurring at the same time at Main. You asked why

other technologists who had already received the training were permitted to attend, but Mr. Moser did not respond.

Allegation G: Negative Performance Evaluation

In your FY 2008/2009 and 2009/2010 performance appraisals, you received ratings of "Exceeds Expectations." For FY 2010/2011, Mr. Moser rated you "Does Not Meet Standards." You alleged that the performance appraisal contained statements that were false, including that you failed to maintain your credentials to perform mammograms. You also alleged that none of the performance issues cited were documented or discussed with you at the time they occurred. You submitted a rebuttal to the performance appraisal that outlined your specific disagreements with its contents.

Analysis

Allegation B: Extension of Probation

You alleged that your probation was extended because of your gender and national origin. Mr. Moser and Mr. Ibarra asserted that your probation was extended because you were out of compliance with the FDA mammography regulations. The evidence establishes you met the FDA mammography requirements and thus, were in compliance with the FDA mammography regulations. Therefore, absent a legitimate business reason for extending your probation, it is more likely than not that your probation was extended because of your gender and national origin.

Allegation C: Reassignment of Charge Technologist Duties

You alleged that Mr. Moser reassigned the Charge Technologist duties because of your gender and national origin. Mr. Ibarra recommended Mr. Moser reassign your Charge Technologist duties because he believed you were not in compliance with the mammography regulations. He wanted you to focus on performing mammograms to increase your mammography totals to avoid future compliance issues. As previously discussed, the evidence supports you were, in fact, in compliance with the mammography regulations. Therefore, Mr. Ibarra did not have a legitimate business reason for the reassignment.

While Mr. Ibarra made the decision to reassign the Charge Technologist duties, he made the decision based on inaccurate information that Mr. Moser provided. Thus, Mr. Moser is responsible for the adverse employment action. Absent a legitimate business reason for reassigning your Charge Technologist duties, it is more likely than not that your Charge Technologist duties were reassigned because of your gender and national origin.

Allegation D: Change in Work Location

In a disparate treatment claim, an adverse employment action is a material adverse change in the terms of employment (detrimental and substantial). You were reassigned to work at Main for two (2) days each week, where you performed work that is objectively comparable to work you performed at Avon. You did not suffer any loss in compensation or status. Therefore, the change in work location was not an adverse employment action.

**Allegation E: Reassignment of Quality Control (QC) Technologist Duties**

The QC Technologist duties were reassigned because on July 22, 2011, you requested that you no longer be responsible for them. As the reassignment of duties occurred at your request, you were not subjected to an adverse employment action.

**Allegation F: Denial of Training**

**July 12, 2011 Denial of Training on Biopsy Equipment**

You requested to attend a July 12, 2011 training on a new piece of equipment used for biopsies, but you were not permitted to attend. Mr. Moser stated that he requested that you attend the training. The emails Mr. Moser submitted to support his statement did not contain a request for you to attend the July 12, 2011 training. Therefore, Mr. Moser did not provide a legitimate business reason for denial of training. Absent a legitimate business reason for the July 12, 2011 denial of training, it is more likely than not that the denial of training was because of your gender and national origin.

**October 6, 2011 Denial of Training on Mammography Machine**

On October 6, 2011, you requested to attend a training that spanned three (3) days from October 4-6, 2011. The training focused on performing the QC tasks. You did not request to attend until the final day of the training. More importantly, as previously stated, on July 22, 2012, you had requested that you no longer be assigned the QC duties. A witness confirmed that you were no longer performing the QC tasks at Avon. Therefore, you did not require the training. The evidence failed to show that the denial of training was due to your gender or national origin.

**Allegation G: Negative Performance Evaluation**

Mr. Ibarra did not submit your FY 2010/2011 performance evaluation to DPH HR, and there is no record of it in your personnel file. The performance evaluation, thus, cannot affect your prospects for advancement or cause any other tangible adverse employment action. Therefore, you did not suffer an adverse employment action.

**Allegation B-I: Retaliation**

On May 10, 2011, you engaged in a protected activity when you told Mr. Moser you did not appreciate his comments about your ethnicity. You engaged in another protected activity when shortly after May 10, 2011, you complained to Mr. Ibarra about Mr. Moser's inappropriate comments about your gender and national origin.

You alleged that Allegations B-G were also due to retaliation. Additionally, you alleged you were subjected to the following two (2) actions due to retaliation for your May 2011 complaints.

**Allegation H: Insubordination Threat**

You allege on July 21, 2011, Mr. Moser and Mr. Ibarra asked you to sign a new work schedule that you and your union representative previously rejected. You told Mr. Moser that you would not sign

it without your union representative present. Mr. Moser asked if you were refusing your assignment and if so, it would be considered insubordination. Mr. Ibarra told Mr. Moser you were not being insubordinate.

Allegation I: Performance Appraisal Meeting

You allege on October 6, 2011, you met with Mr. Moser for your performance appraisal meeting. When you arrived, Joselito Cruz, 2496 Radiologic Technologist Supervisor, who had not supervised you, was present as well. Mr. Moser said Mr. Cruz was asked to be present at the meeting. You did not recall if Mr. Cruz stayed or left the meeting. You left the meeting prior to reviewing the performance appraisal with Mr. Moser.

Analysis

Allegation B: Extension of Probation

You alleged your probation was extended for three (3) months due to retaliation. As discussed above, the Department did not have a legitimate business reason for extending your probation. The evidence established Mr. Moser and Mr. Ibarra were aware that you engaged in protected activities. On May 19, 2011, just one (1) week after you engaged in protected activities, you were incorrectly told that you were not in compliance with the FDA mammography regulations. On May 24, 2011, two (2) weeks after you engaged in protected activities, you were informed that your probation would be extended. Therefore, absent a legitimate business reason, it is more likely than not that the extension was due to a retaliatory animus.

Allegation C: Reassignment of Charge Technologist Duties

You alleged that your Charge Technologist duties were reassigned due to retaliation. As discussed above, the evidence supports Mr. Ibarra did not have a legitimate business reason for the reassignment because you were not out of compliance with the mammography regulations.

As previously discussed, Mr. Ibarra relied on the inaccurate information from Mr. Moser for the reassignment. Thus, Mr. Moser is responsible for the adverse employment action. Absent a legitimate business reason, it is more likely than not that your Charge Technologist duties were reassigned due to retaliation.

Allegation D: Change in Work Location

In a retaliation claim, an adverse employment action is any objectively materially adverse action affecting the terms, conditions or privileges of employment. Actions considered materially adverse are those that impair a reasonable employee's job performance or prospects for advancement. Materially adverse actions may also include those acts that would dissuade a reasonable employee from supporting a discrimination complaint. You were reassigned to work at Main for two (2) days each week, where you performed work that is objectively comparable to work you performed at Avon. You did not suffer any loss in compensation or status. Therefore, the change in work location is not an adverse employment action.

Allegation E: Reassignment of Quality Control (QC) Technologist Duties

As discussed above, the QC Technologist duties were reassigned at your request. Therefore, you did not suffer an adverse employment action as you requested the reassignment.

Allegation F: Denial of Training

July 12, 2011 Denial of Training on Biopsy Equipment

You alleged Mr. Moser did not allow you to attend a July 12, 2011 training due to retaliation. As discussed above, Mr. Moser did not provide a legitimate business reason for the denial of training. Absent a legitimate business reason, it is more likely than not that the denial of training was due to retaliation.

October 6, 2011 Denial of Training on Mammography Machine

As discussed previously, you did not request to attend the training until the final day of the three-day training. Moreover, the training focused on performing the QC tasks, which you had requested no longer be assigned to you. Therefore, you did not require the training. The evidence did not show that the denial of training was due to retaliation.

Allegation G: Negative Performance Evaluation

You alleged you received a rating of "Does Not Meet Expectations" on your FY 2010/2011 performance appraisal. The evidence supports that the performance appraisal rating was based on inaccurate information and on issues that were not documented. Moreover, you received a rating of "Exceeds Expectations" in your performance evaluations for FY 2008/2009, 2009/2010, and 2011/2012, each of which were written by other supervisors. Therefore, Mr. Moser did not have a legitimate business reason for rating you "Does Not Meet Expectations." Absent a legitimate business reason, it is more likely than not that the negative performance evaluation was due to retaliation.

Allegation H: Insubordination Threat

On July 21, 2011, you told Mr. Moser you would not agree to a new assignment without your union representative present. Mr. Moser told you that refusal to agree to a new assignment would be insubordination. Mr. Ibarra immediately corrected him, and you were not subjected to any discipline. Therefore, you were not subjected to an adverse employment action.

Allegation I: Performance Appraisal Meeting

The Department had a legitimate business reason for Mr. Cruz's presence at the performance appraisal meeting. DPH HR approved a third party being present due to the ongoing conflict between you and Mr. Moser. More importantly, you left the meeting without discussing your performance appraisal. Therefore, you did not suffer an adverse employment action, and there is no causal link between your May 2011 complaints and Mr. Cruz's presence at the meeting.

**V. DETERMINATION OF THE HUMAN RESOURCES DIRECTOR**


As discussed above, based on my review of the investigative report, I have determined that there is sufficient evidence to support your allegations of discrimination because of your gender (female) and national origin (Iran) and retaliation related to the extension of your probation, reassignment of your Charge Technologist duties, and denial of the July 12, 2011 training, and your allegation of retaliation related to the negative performance evaluation. The Department will be directed to take appropriate corrective action to address Mr. Moser's conduct.

I have also determined that there is insufficient evidence to support your allegations of harassment/hostile work environment based on gender (female) and national origin (Iran) and your allegations of discrimination based on gender (female) and national origin (Iran) and retaliation related to the reassignment of work location, reassignment of the QC Technologist duties, denial of the October 6, 2011 training, your allegation of discrimination related to the negative performance evaluation, and your allegations of retaliation related to the insubordination threat and the performance appraisal meeting.

The decision of the Human Resources Director is final unless it is appealed to the Civil Service Commission and is reversed or modified. A request for appeal must be received by the Civil Service Commission at 25 Van Ness Avenue, Suite 720, San Francisco, CA 94102 within thirty (30) calendar days of the postmarked date of this letter.

You may contact Linda Simon, Director, Department of Human Resources, Equal Employment Opportunity Division, at 557-4837, if you have any questions.

Sincerely,

  
Micki Callahan  
Human Resources Director

cc: Ron Weigelt, Human Resources Manager, DPH (via email)  
Linda Simon, Director, DHR EEO (via email)  
EEO File #1652

# **EXHIBIT C**

**HUMAN RESOURCES DIRECTOR'S  
DETERMINATION LETTER TO  
RESPONDENT DEPARTMENT**

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City and County of San Francisco

Edwin M. Lee  
Mayor



Department of Human Resources

Micki Callahan  
Human Resources Director

January 17, 2014

**CONFIDENTIAL**

**Via Interoffice Mail & Email**

Barbara Garcia, Director  
Department of Public Health  
101 Grove Street  
San Francisco, CA 94102

Re: Discrimination Complaint, DHR EEO File No. 1652

Dear Ms. Garcia:

The San Francisco Charter § 10.103 and Civil Service Commission Rule 103 provide that the Human Resources Director reviews and resolves all complaints of employment discrimination. The purpose of my letter is to notify you of my determination in the complaint filed by Mandana Siyadat, 2469 Diagnostic Imaging Technologist III, alleging disparate treatment and harassment/hostile work environment based on her national origin (Iran) and gender (female) against then supervisor, Brian Moser, 2496 Radiologic Technologist Supervisor, and the San Francisco Department of Public Health (Department).

**I. BACKGROUND**

Ms. Siyadat is a 2469 Diagnostic Imaging Technologist III (Technologist) at San Francisco General Hospital (SFGH) Department of Radiology. Technologists can be assigned to the Avon Comprehensive Breast Cancer Center (Avon) or the Main Radiology Department (Main). Robert Merck, 2496 Radiologic Technologist Supervisor, was Ms. Siyadat's supervisor from November 2009 to October 2010. On October 4, 2010, Mr. Brian Moser became Ms. Siyadat's supervisor. From June 2010 to October 2011, Mr. Rafael Ibarra, 2469 Diagnostic Imaging Technologist III, was the Interim Director of Radiology. From October 2007 to September 2011, Ms. Siyadat was assigned to Avon. She is currently assigned full-time to Main and her supervisor is Joselito Cruz, 2496 Radiologic Technologist Supervisor.

The technologists assigned to Avon must be licensed to perform mammograms and must comply with the U.S. Food and Drug Administration's (FDA) mammography regulations. The continuing experience requirement of the FDA's mammography regulations states technologists must have performed a minimum of 200 mammograms during the 24 months immediately preceding the dates of the facility's annual inspection or the last day of the calendar quarter preceding the inspection or any date in between the two. The facility selects one of these dates to determine the 24-month period. According to Nancy Toscano, 2469 Diagnostic Imaging Technologist III, in the past, Avon has selected the date of the inspection to determine the 24-month period.

If a technologist fails to meet the FDA's continuing experience requirement, the facility will be cited. Additionally, technologists may only perform mammograms under direct supervision until they have reestablished the continuing experience requirement. To do so, they must perform 25 mammograms under direct supervision.

## **II. ALLEGATIONS**

On September 29, 2011, Ms. Siyadat filed a complaint with the Department of Public Health's Office of Equal Employment and Cultural Competency (DPH EEO), alleging that Brian Moser, 2496 Radiologic Technologist Supervisor, subjected her to a hostile work environment because of her gender (female) and national origin (Iran). She also alleged that Mr. Moser and the Department of Radiology discriminated against her because of her gender (female) and national origin (Iran), and retaliated against her for opposing discrimination.

On October 5, 2011, Ms. Siyadat submitted a follow-up complaint to DPH EEO, in which she raised additional allegations of discrimination and retaliation. Specifically, Ms. Siyadat alleged that:

- A. Between February 2011 and May 2011, Brian Moser subjected her to harassment/hostile work environment by making inappropriate comments based on her gender (female) and national origin (Iran);
- B. On May 25, 2011, the Department extended her probation because of her gender (female) and national origin (Iran), and due to retaliation;
- C. On June 7, 2011, the Department removed her Charge Technologist responsibilities because of her gender (female) and national origin (Iran), and due to retaliation;
- D. On June 9, 2011, the Department changed her work location from four (4) days at Avon each week to two (2) days at Avon and two (2) days at Main each week because of her gender (female) and national origin (Iran), and due to retaliation;
- E. On July 22, 2011, the Department removed her Quality Control (QC) Technologist responsibilities because of her gender (female) and national origin (Iran), and due to retaliation;
- F. On July 12, 2011 and October 6, 2011, the Department denied her training because of her gender (female) and national origin (Iran), and due to retaliation;
- G. On October 6, 2011, the Department gave her a performance evaluation rating of "Does Not Meet Standards" because of her gender (female) and national origin (Iran), and due to retaliation; and,
- H. On July 21, 2011, Mr. Moser threatened to write her up for insubordination due to retaliation;
- I. On October 6, 2011, she was singled out to have to have a second supervisor sit in on her PPAR evaluation meeting due to retaliation.

The complaint was assigned to Zachary Williams, Equal Employment Opportunity and Cultural Competency Programs Specialist, and was recorded as DHR EEO File No. 1652. Mr. Williams conducted an investigation of Ms. Siyadat's allegations. On December 20, 2012, the investigation was transferred to the Department of Human Resources, Equal Employment Opportunity Division (DHR EEO) and was assigned to Matthew Valdez, Equal Employment Opportunity Programs Specialist.

Mr. Valdez completed the investigation of Ms. Siyadat's complaint and submitted his report to me for a determination. The investigation shows the Department failed to ensure Ms. Siyadat's rights prohibiting retaliation under state and federal laws and the City's policies. This letter summarizes the investigative findings and required actions.

### **III. INVESTIGATIVE STANDARDS**

#### **Harassment/Hostile Work Environment Standard**

To establish a complaint of harassment/hostile work environment, Complainant must establish all of the following: (1) The complainant was subjected to physical, verbal, or visual conduct on account of the complainant's membership in a protected category; (2) The conduct was unwelcome; and (3) The conduct was sufficiently severe or pervasive as to alter the condition of the complainant's employment and create an abusive working environment.

#### **Discrimination/Disparate Treatment Standard**

To establish a complaint of discrimination/disparate treatment, Complainant must establish all of the following: (1) the complainant is a member of a protected category; (2) the complainant suffered an adverse employment action; and (3) the complainant suffered an adverse employment action because of the complainant's membership in a protected category.

#### **Retaliation Standard**

To establish a complaint of retaliation, Complainant must establish all of the following: (1) the complainant engaged in a protected activity; (2) the complainant suffered an adverse employment action; and (3) there was a causal link between the protected activity and the adverse employment action.

### **IV. INVESTIGATIVE FINDINGS**

#### **Allegation A: Hostile Work Environment due to Gender and National Origin**

Ms. Siyadat alleged that Mr. Moser made unwelcome verbal comments on the basis of her national origin and gender on three occasions.

On February 18, 2011, Mr. Moser told Ms. Siyadat that a volatile patient was "just like Iranian women." He "snickered" and gestured his hand toward Ms. Siyadat when he made the comment. On May 10, 2011, Mr. Moser pointed toward Ms. Siyadat and told her that an upset patient was "like Iranian women." When he made the comment, Ms. Siyadat told him that she did not appreciate his remarks about her ethnicity. After the incident, Ms. Siyadat reported Mr. Moser's conduct to then Interim Director of Radiology, Rafael Ibarra. In May 2011, after she cut her hair, Mr. Moser told her, "Oh, you got a haircut so you don't have to use too much shampoo."

Mr. Moser denied making the comments to Ms. Siyadat. He said that the female staff at Avon joke amongst themselves and that the largely-female staff leads to frequent complaining, but that he does not participate in those jokes.

However, five (5) employees stated that they have heard Mr. Moser make inappropriate comments about gender, race, and national origin. Male employee #1 stated that Mr. Moser called Ms. Siyadat a "dumb Indian" woman. Male employee #1 stated that Mr. Moser told him that "women are always complaining about the smallest things" and "with that many women, there will be too many complaints," and female employee #1 stated that Mr. Moser said, "You women make small things into big things." Male employee #1 stated that Mr. Moser refers to the female employees at Avon as "bitches" and referred to "women in period as bitches." Female employee #2 heard Mr. Moser call one of the female doctors a "bitch."

Female employee #3 stated that Mr. Moser refers to the female staff as "the help" when he jokes with the construction workers that visit Avon. Female employee #4 stated on one occasion, when Mr. Moser entered the lobby with male construction workers, he asked her and the other women, "Can one of you go get us a beer?" Male employee #1 also stated that Mr. Moser "showed signs of being a male chauvinist."

Two (2) female employees stated that Mr. Moser treats women differently than he treats men. Female employee #2 described the difference as "sexist." She said that he is dismissive of women and tends to physically stand over them when giving them instruction while he acts "buddy-buddy" and tries to establish a rapport with men. A female contract employee left her position at Avon because of the "hostile work environment" under Mr. Moser. She stated that he is insulting and unappreciative of the female staff. She stated that the way he interacts with women is like the way mechanics interact with women, "like women don't know anything." Female employee #3 stated that Mr. Moser believes that all women are "dopes."

Female employee #3 said that Mr. Moser makes stereotypical jokes like "Asians are good at laundry" and "He's Jewish so he has money." Female employee #2 stated that Mr. Moser refers to the women at the front desk as "the hot-headed Mexican ladies."

### Analysis

Ms. Siyadat alleged that on February 18, 2011 and May 10, 2011, Mr. Moser commented that a volatile patient was "like Iranian women" while gesturing toward her. Also in May 2011, Mr. Moser said, "Oh you got a haircut, so you don't have to use too much shampoo." Ms. Siyadat was unable to explain why she believed the third comment was motivated by her gender or national origin.

Mr. Moser denied making the comments, and there were no witnesses to either of the "like Iranian women" comments. However, five (5) witnesses testified that they have heard inappropriate gender-based, racial, and national-origin based comments by Mr. Moser. The witness testimony supports that Mr. Moser has a pattern of making inappropriate remarks of about gender, race, and national origin, including one employee who stated that Mr. Moser referred to Ms. Siyadat as a "dumb Indian" woman. Mr. Moser's credibility is questionable given the number of witnesses who attested that Mr. Moser made similar inappropriate comments about gender, race, and national origin. Therefore, it is more likely than not that Mr. Moser made the two (2) "like Iranian women" comments.

The investigation established that Ms. Siyadat was subjected to two (2) comments related to her gender and national origin. Two (2) inappropriate comments over a four (4) month period do not

rise to the level of being severe or pervasive as to alter the condition of her employment and create an abusive working environment. Therefore, the investigative findings do not support Ms. Siyadat's allegation that Mr. Moser subjected her to a hostile work environment because of her gender or national origin.

However, Mr. Moser's comments violated the City and County of San Francisco's (CCSF) Harassment Free Workplace Policy, which states "[a]n employee may be subject to discipline for engaging in harassing conduct that does not meet the definition of harassment under federal and state law, but that, if repeated or allowed to continue, might meet that definition."

### **Allegations B-G: Discrimination/Disparate Treatment because of Gender and National Origin**

#### **Allegation B: Extension of Probation**

In October 2007, Ms. Siyadat was promoted to a provisional 2469 Diagnostic Imaging Technologist III position. On February 9, 2011, Ms. Siyadat was promoted to a permanent 2469 Diagnostic Imaging Technologist III position. As a result of the promotion to permanent status, she was required to serve a three (3) month probationary period, which was due to end on May 8, 2011.

In March 2011, Mr. Moser told Ms. Siyadat that she was out of compliance with the continuing experience requirement of the FDA mammography regulations which require technologists to have performed 200 mammograms in the 24 months preceding the date of the annual inspection. According to Ms. Siyadat she was not out of compliance as compliance was to be determined on April 26, 2011, the date of the annual inspection. During the inspection, the inspectors determine whether the technologists have met the requirements under the FDA mammography regulations. On April 26, 2011, Ms. Siyadat had performed 201 mammograms in the previous 24 months. Avon passed its annual inspection and was not cited.

On May 19, 2011, Mr. Ibarra told Ms. Siyadat that Mr. Moser informed him that she was out of compliance with the regulations again because she had only performed 194 mammograms in the previous 24 months. On May 24, 2011, Mr. Moser and Mr. Ibarra told Ms. Siyadat that her probation was being extended until September 2, 2011 due to non-compliance with the mammography regulations. Ms. Siyadat protested stating that she was in compliance with the regulations. However, she agreed to the extension of probation because she believed she would be terminated if she did not agree to the extension.

Mr. Moser stated the technologists must meet the 200 mammogram requirement daily; he said even if a technologist performed 199 mammograms, she is considered unlicensed and that allowing her to perform mammograms could result in Avon receiving the highest level of citation possible.

In subsequent interviews, Mr. Moser and Mr. Ibarra added that Ms. Siyadat's probation extension was due to the performance issues listed in her October 2011 performance appraisal. Both Mr. Moser and Mr. Ibarra stated that the performance issues were not cited in the probation extension documents because SFGH Human Resources personnel told them not to include them and only to focus on the compliance issue. Cathy Abela, 1244 Senior Personnel Analyst, stated that Mr. Moser talked mainly about Ms. Siyadat's compliance with the regulations and did not recall telling them not to include other issues.

Allegation C: Reassignment of Charge Technologist Duties

The 2469 Diagnostic Imaging Technologist III position is commonly referred to as the Charge Technologist. The Charge Technologist functions as the lead technologist at Avon. In addition to performing mammograms and biopsies, the Charge Technologist is responsible for the administrative and operational tasks at Avon, such as managing the workload, assigning cases to the technologists, and assisting the technologists with complex cases. Ms. Siyadat stated that these duties accounted for 80% of the work she performed at Avon. Nancy Toscano, 2469 Diagnostic Imaging Technologist III, stated that those duties account for about 90% of the work she performed at Avon.

Beginning June 7, 2011, Ms. Siyadat was assigned only to perform mammograms and biopsies on the days she was assigned to Avon. She no longer was assigned to perform the administrative and operational tasks associated with the Charge Technologist position.

Mr. Ibarra recommended that Mr. Moser reassign Ms. Siyadat's Charge Technologist duties due to Mr. Moser informing him that Ms. Siyadat was out of compliance with the mammography regulations.

Allegation D: Change in Work Location

On June 9, 2011, Mr. Ibarra changed Ms. Siyadat's schedule from four (4) days at Avon each week to two (2) days at Avon and two (2) days at Main. At Main, Ms. Siyadat performed different aspects of radiography consistent with her job classification. She did not lose any compensation or status. Mr. Ibarra changed Ms. Siyadat's schedule to limit 2469 Diagnostic Imaging Technologist III coverage at Avon to 1.0 FTE and due to the "increasingly negative work relationship" between Ms. Siyadat and Mr. Moser.

Allegation E: Reassignment of Quality Control (QC) Technologist Duties

Ms. Siyadat was the QC Technologist on record with the FDA and the State of California. On July 22, 2011, Ms. Siyadat sent an email to Mr. Moser and Mr. Ibarra requesting that she no longer be the responsible party for the QC duties as she was no longer at Avon full-time. As a result, Mr. Moser removed Ms. Siyadat's QC Technologist responsibilities.

Allegation F: Denial of Training

July 12, 2011 Denial of Training on Biopsy Equipment

Ms. Siyadat alleged that on July 12, 2011, Mr. Moser denied her request to attend training on a new piece of biopsy equipment. She had missed the first training in April 2011 while on medical leave. When she learned that the training was being held in July 2011, she requested to attend. Mr. Moser did not respond to her request. Ms. Toscano also informed Mr. Moser that Ms. Siyadat would like to attend the training, but he did not permit Ms. Siyadat to attend the training.

Mr. Moser stated that he, in fact, requested that Ms. Siyadat attend the training, and he submitted emails to support his assertion. However, emails did not validate Mr. Moser's testimony as they did not contain a request for Ms. Siyadat to attend the training.

#### October 6, 2011 Denial of Training

Ms. Siyadat alleged that on October 6, 2011, Mr. Moser denied her training on a new mammography machine. The training spanned three (3) days from October 4-6, 2011 and trained the technologists on performing the required QC tasks for the machine. Mr. Moser told Ms. Siyadat that she had already been trained on the equipment and that the training was for technologists who had not previously received training on the equipment. Ms. Siyadat asked why other technologists who had already received the training were permitted to attend, but Mr. Moser did not respond. According to Ms. Toscano, Ms. Siyadat was no longer performing the QC tasks at that time.

#### Allegation G: Negative Performance Evaluation

In her FY 2008/2009 and 2009/2010 performance appraisals, Ms. Siyadat received ratings of "Exceeds Expectations." For FY2010/2011, Mr. Moser rated her "Does Not Meet Standards." Ms. Siyadat stated that the performance appraisal contained statements that were false, including that she failed to maintain her credentials to perform mammograms. She also said that none of the performance issues cited were documented or discussed with her at the time they occurred. Ms. Siyadat submitted a rebuttal to the performance appraisal that outlined her specific disagreements with its contents.

Mr. Moser stated that everything in Ms. Siyadat's appraisal was true, but acknowledged that he did not document any of the incidents cited in her evaluation. Mr. Moser said that Mr. Merck, who supervised Ms. Siyadat for four (4) months during the time period, agreed with the appraisal and also signed it.

Mr. Merck supervised Ms. Siyadat from November 2009 to October 2010. He wrote Ms. Siyadat's FY 2009/2010 appraisal and rated her "Exceeds Expectations." Mr. Merck said he "could see some of the things Brian [Moser] said about her as true," although he acknowledged he did not witness the majority of the incidents cited in the FY 2010/2011 appraisal. He submitted his personal supervisory notes citing two incidents from June 2010 to show that "working with Mandana [Siyadat] can be very difficult."

Mr. Ibarra does not believe Ms. Siyadat got a "fair appraisal" because Mr. Moser never talked to her about her deficiencies. Mr. Ibarra stated that Mr. Moser did not actively seek to meet with Ms. Siyadat or discuss with her how she could improve performance. Mr. Ibarra stated that the written reprimands for falsifying sign-in times which Mr. Moser noted in the appraisal were rescinded because they were improperly issued. Mr. Ibarra did not submit Ms. Siyadat's performance appraisal to Human Resources to be placed in her personnel file. A review of her personnel file confirmed that the FY 2010/2011 performance appraisal is not in Ms. Siyadat's personnel file.

### Analysis

#### Allegation B: Extension of Probation

The evidence did not support Mr. Moser's explanation of the FDA mammography regulations. The regulations state that to meet the continuing experience requirement, the technologist "shall have performed a minimum of 200 mammography examinations during the 24 months immediately preceding the date of the facility's annual MQSA inspection." On April 26, 2011, the date of Avon's annual MQSA inspection, Ms. Siyadat had performed 201 mammography examinations in the previous 24 months. Therefore, the evidence supports that Ms. Siyadat met the requirement and thus, was in compliance with the FDA mammography regulations.

Mr. Moser's contention that the technologists must meet the 200 mammogram minimum daily and those who do not are considered unlicensed is not supported by the text of the FDA mammography regulations. The mammography regulations do not state the 200 mammogram minimum must be met daily or that failure to meet the requirement results in the loss of the license. Rather, the regulations state that technologists who fail to meet the continuing experience requirement must perform 25 mammograms under direct supervision before resuming the performance of unsupervised mammograms.

Ms. Abela stated that when she met with Mr. Ibarra and Mr. Moser, they were focused on the number of mammograms she performed and the compliance issue. Her statement is supported by Mr. Moser and Mr. Ibarra's written request to extend Ms. Siyadat's probation. The request only cited Ms. Siyadat's alleged noncompliance with the FDA mammography regulations as the reason for the extension. Therefore, there was no legitimate business reason for extending Ms. Siyadat's probation. Thus, it is more likely than not that Ms. Siyadat's probation was extended because of her gender and national origin.

#### Allegation C: Reassignment of Charge Technologist Duties

After June 7, 2011, Ms. Siyadat was assigned to perform only mammograms and biopsies instead of performing the operational and administrative tasks associated with her job classification, which accounted for 80% of her normal range of duties. Restricting an employee from performing the majority of their normal range of duties is an adverse employment action.

Mr. Ibarra recommended that Mr. Moser reassign the Charge Technologist duties because Ms. Siyadat was not in compliance with the mammography regulations. He wanted Ms. Siyadat to focus on performing mammograms to increase her mammography totals to avoid future compliance issues. As previously discussed, the evidence supports Ms. Siyadat was in compliance with the mammography regulations. Therefore, Mr. Ibarra did not have a legitimate business reason for the reassignment.

Mr. Moser misinformed Mr. Ibarra about Ms. Siyadat's compliance with the mammography regulations. Mr. Ibarra relied on Mr. Moser's inaccurate statement about Ms. Siyadat's compliance because he was not familiar with the mammography regulations. Thus, Mr. Moser is responsible for the adverse employment action. Mr. Moser, as the supervisor of Avon, knew or should have known that Ms. Siyadat was not out of compliance with the mammography regulations.



Absent a legitimate business reason for reassigning Ms. Siyadat's Charge Technologist duties, it is more likely than not that her Charge Technologist duties were reassigned because of her gender and national origin.

Allegation D: Change in Work Location

In a disparate treatment claim, an adverse employment action is a material adverse change in the terms of employment (detrimental and substantial). Ms. Siyadat was reassigned to work at Main for two (2) days each week, where she performed work that is objectively comparable to work she performed at Avon. She did not suffer any loss in compensation or status. Therefore, the change in work location was not an adverse employment action.

Allegation E: Reassignment of QC Technologist Duties

The QC Technologist duties were reassigned because on July 22, 2011, Ms. Siyadat requested that she no longer be responsible for them. As the reassignment of duties occurred at her request, she was not subjected to an adverse employment action.

Allegation F: Denial of Training

July 12, 2011 Denial of Training on Biopsy Equipment

Ms. Siyadat requested to attend a July 12, 2011 training on a new piece of equipment used for biopsies, but she was not permitted to attend. Mr. Moser stated that he requested that Ms. Siyadat attend; however, the evidence did not support his testimony.

The email that Mr. Moser provided does not contain a request that Ms. Siyadat attend. The emails show Mr. Moser requested the training for Avon's new doctor and two (2) new fellows. Additionally, the final email, which included the date and time of the training, was not sent to Ms. Siyadat. Mr. Moser could not explain why she was not included in that email. Therefore, Mr. Moser did not provide a legitimate business reason for the denial of training. Absent a legitimate business reason for the denial of training, it is more likely than not that the denial was because of Ms. Siyadat's gender and national origin.

October 6, 2011 Denial of Training on Mammography Machine

On October 6, 2011, Ms. Siyadat requested to attend a training that spanned three (3) days from October 4-6, 2011. The training focused on performing the QC tasks. Ms. Siyadat did not request to attend until the final day of the training. More importantly, as previously stated, on July 22, 2011, Ms. Siyadat had requested that she no longer be assigned the QC duties. Ms. Toscano confirmed that Ms. Siyadat was no longer performing the QC tasks at Avon. Therefore, Ms. Siyadat did not require the training. The evidence failed to show that the denial of training was due to her gender or national origin.

**Allegation G: Negative Performance Evaluation**

Mr. Ibarra did not submit Ms. Siyadat's FY 2010/2011 performance evaluation to DPH HR and there is no record of it in her personnel file. The performance evaluation, thus, has not had any effect on terms and conditions of Ms. Siyadat's employment and cannot affect Ms. Siyadat's prospects for advancement or result in any other tangible adverse employment action. Therefore, Ms. Siyadat was not subjected to an adverse employment action.

**Allegations B-I: Retaliation**

On May 10, 2011, Ms. Siyadat engaged in a protected activity when she told Mr. Moser she did not appreciate his comments about her ethnicity. She engaged in another protected activity when shortly after May 10, 2011, she complained to Mr. Ibarra about Mr. Moser's inappropriate comments about her national origin and gender.

Ms. Siyadat alleged that Allegations B-G were also due to retaliation. Additionally, she alleged she was subjected to the following two (2) actions due to retaliation for her May 2011 complaints.

**Allegation H: Insubordination Threat**

Ms. Siyadat alleged on July 21, 2011, Mr. Moser and Mr. Ibarra asked her to sign a new work schedule that she and her union representative previously had rejected. She told Mr. Moser she would not sign it without her union representative present. Mr. Moser asked if she was refusing her assignment and if so, it was insubordination. Mr. Ibarra told Mr. Moser she was not being insubordinate.

**Allegation I: Performance Appraisal Meeting**

Ms. Siyadat alleged on October 6, 2011, she met with Mr. Moser for her performance appraisal meeting. When she arrived, Joselito Cruz, 2496 Radiologic Technologist Supervisor, who had not supervised her, was present as well. Mr. Moser said Mr. Cruz was asked to be present at the meeting and DPH Human Resources informed Mr. Moser that Mr. Cruz could sit in on the meeting. Ms. Siyadat did not recall if Mr. Cruz stayed or left the meeting. Ms. Siyadat left the meeting prior to reviewing the performance appraisal with Mr. Moser.

**Analysis**

**Allegation B: Extension of Probation**

Ms. Siyadat alleged her probation was extended for three (3) months due to retaliation. As discussed above, the Department did not have a legitimate business reason for extending Ms. Siyadat's probation. The evidence established that on May 19, 2011, about one (1) week after Ms. Siyadat engaged in protected activities, Mr. Moser falsely told Mr. Ibarra that Ms. Siyadat was not in compliance with the mammography regulations. On May 24, 2011, two (2) weeks after she engaged in protected activities, she was informed her probation would be extended. The timing of the decision to extend her probation and the absence of a legitimate business reason make it more likely than not that the extension was due to a retaliatory animus.

Allegation C: Reassignment of Charge Technologist Duties

Ms. Siyadat alleged her Charge Technologist duties were reassigned due to retaliation. As discussed above, Mr. Ibarra did not have a legitimate business reason for the reassignment because Ms. Siyadat was not out of compliance with the mammography regulations.

As previously discussed, Mr. Ibarra relied on inaccurate information from Mr. Moser for the reassignment. Thus, Mr. Moser is responsible for the adverse employment action. Mr. Moser, as the supervisor of Avon, knew or should have known that Ms. Siyadat was not out of compliance with the mammography regulations.

The reassignment occurred about four (4) weeks after Ms. Siyadat engaged in protected activities. The timing of the reassignment and absence of a legitimate business reason make it more likely than not that the reassignment of the Charge Technologist duties was due to retaliation.

Allegation D: Change in Work Location

In a retaliation claim, an adverse employment action is any objectively materially adverse action affecting the terms, conditions or privileges of employment. Actions considered materially adverse are those that impair a reasonable employee's job performance or prospects for advancement. Materially adverse actions may also include those acts that would dissuade a reasonable employee from supporting a discrimination complaint. Ms. Siyadat was reassigned to work at Main for two (2) days each week, where she performed work that is objectively comparable to work she performed at Avon. She did not suffer any loss in compensation or status. Therefore, the change in work location is not an adverse employment action.

Allegation E: Reassignment of QC Technologist Duties

As discussed above, the QC Technologist duties were reassigned at Ms. Siyadat's request. Therefore, Ms. Siyadat failed to establish she suffered an adverse employment action.

Allegation F: Denial of Training

July 12, 2011 Denial of Training on Biopsy Machine

Ms. Siyadat alleged that Mr. Moser did not allow her to attend a July 12, 2011 training due to retaliation. As discussed above, Mr. Moser did not provide a legitimate business reason for the denying her request. Absent a legitimate business reason for the denial of training, it is more likely than not that the denial of training was due to retaliation.

October 6, 2011 Denial of Training on Mammography Equipment

As discussed previously, Ms. Siyadat did not request to attend the training until the final day of the three-day training. Moreover, the training focused on performing the QC tasks, which she had requested no longer be assigned to her. Therefore, she did not require the training. The evidence did not show that the denial of training was due to retaliation.

Allegation G: Negative Performance Evaluation

Ms. Siyadat alleged that she received a rating of "Does Not Meet Expectations" on her FY 2010/2011 performance appraisal. Although Mr. Moser insisted everything he wrote in the evaluation was true, the evidence established he included inaccurate information, including reprimands that had been rescinded and the contention that Ms. Siyadat "neglected to maintain her credentials to perform mammography." Therefore, Mr. Moser's statements are not credible.

Mr. Merck supervised Ms. Siyadat until October 2010. While he agreed with Mr. Moser's assessment of Ms. Siyadat's performance and signed the evaluation, he admitted that he did not witness most of the issues listed in the evaluation. He agreed with Mr. Moser's rating of "Does Not Meet Expectations" based on his interactions with Ms. Siyadat during his time supervising her, stating that working with Ms. Siyadat can be very difficult. However, Mr. Merck wrote Ms. Siyadat's FY 2009/2010 performance appraisal and gave her a rating of "Exceeds Expectations." In that performance appraisal, he wrote, "Mandana has been very [sic] helpful in running [Avon]," "You can depend on Mandana to get the things done that she says she will get done," and "I greatly appreciate Mandana's help in running the center in a difficult, transitional period. I look forward to working with her in the future." Mr. Merck's statement that Ms. Siyadat is difficult to work with and merited a "Does Not Meet Expectations" rating is inconsistent with his prior performance evaluation of Ms. Siyadat. In her performance evaluation for FY 2011/2012, Ms. Siyadat also received a rating of "Exceeds Expectations." Therefore, Mr. Moser did not have a legitimate business reason for rating her "Does Not Meet Expectations." While the performance evaluation is not included in Ms. Siyadat's personnel file, that Mr. Moser prepared the evaluation, met with Ms. Siyadat to review it, and had her sign it could dissuade a reasonable employee from making or supporting a complaint of discrimination. Absent a legitimate business reason, it is more likely than not that the negative performance evaluation was due to retaliation.

Allegation H: Insubordination Threat

On July 21, 2011, Ms. Siyadat told Mr. Moser she would not agree to a new assignment without her union representative present. Mr. Moser told her that refusal to agree to a new assignment would be insubordination. Mr. Ibarra immediately corrected him, and she was not subjected to any discipline. Therefore, Ms. Siyadat was not subjected to an adverse employment action.

Allegation I: Performance Appraisal Meeting

The Department had a legitimate business reason for Mr. Cruz's presence at the performance appraisal meeting. DPH HR approved a third party being present due to the ongoing conflict between Ms. Siyadat and Mr. Moser. Moreover, Ms. Siyadat left the meeting without discussing her performance appraisal. Therefore, she did not suffer an adverse employment action, and there is no causal link between her May 2011 complaints and Mr. Cruz's presence at the meeting.

**V. REQUIRED ACTIONS**

I am requiring the Department to:

1. Inform Mr. Moser of the Director of Human Resources' findings that he violated federal and state law and city policies by subjecting Ms. Siyadat to unlawful discrimination and retaliation. Also inform Mr. Moser that he violated the CCSF's Harassment Free Workplace Policy by making inappropriate comments about Ms. Siyadat's gender and national origin.
2. Take appropriate disciplinary action against Mr. Moser for his discriminatory and retaliatory actions against Ms. Siyadat and for his inappropriate comments about gender, race, and national origin that five (5) other employees attested he made.
3. Remind Mr. Moser of the CCSF policy prohibiting retaliation against employees complaining about discrimination, or providing testimony in support of a discrimination complaint.
4. Require Mr. Moser to attend Harassment Free Workplace training; one-on-one training should be considered as an option because it may be more effective. Issue Mr. Moser the CCSF's Harassment Free Workplace Policy with a signed Acknowledgement and Receipt to be placed in Mr. Moser's official personnel file.
5. Require Mr. Moser to attend the Department of Human Resources' 24-PLUS for New Supervisors and Managers training program, which provides training that covers fundamental competencies for supervision.
6. Disseminate a written reminder to DPH supervisors and managers regarding reporting allegations of discrimination to DPH Human Resources or DPH EEO. Mr. Ibarra, then-Interim Director of Radiology, acknowledged that Ms. Siyadat complained to him about an inappropriate comment that Mr. Moser made about her nationality. While Mr. Ibarra advised Ms. Siyadat to file a complaint with DPH EEO, he failed to report her allegations himself. Supervisors have an obligation to report EEO concerns.

DPH is to provide DHR a report on its plan for completing the corrective actions. The report is due by February 21, 2014.

**VI. DETERMINATION OF THE HUMAN RESOURCES DIRECTOR**

As discussed above, based on my review of the investigative report, I have determined that there is sufficient evidence to support Ms. Siyadat's allegations of discrimination because of her gender (female) and national origin (Iran) and retaliation related to the extension of her probation, the reassignment of her Charge Technologist duties, and the denial of the July 12, 2011 training, and her allegation of retaliation related to the negative performance evaluation.

I have also determined that there is insufficient evidence to support Ms. Siyadat's allegations of harassment/hostile work environment based on gender (female) and national origin (Iran), her allegations of discrimination based on gender (female) and national origin (Iran) and retaliation

Barbara Garcia  
EEO File No. 1652  
Page 14 of 14

related to the reassignment of work location, the reassignment of the QC Technologist duties, the denial of the October 6, 2011 training, her allegation of discrimination related to the negative performance evaluation, and her allegations of retaliation related to the insubordination threat and the performance appraisal meeting.

You may contact Linda Simon, Director of EEO Programs, in the Department of Human Resources, Equal Employment Opportunity Division, at 557-4837, if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Micki Callahan', with a long horizontal flourish extending to the right.

Micki Callahan  
Human Resources Director

Encl: Letter to Mandana Siyadat

cc: Ron Weigelt, Human Resources Manager, DPH (via email)  
Linda Simon, Director, DHR EEO (via email)  
File

# **EXHIBIT D**

**MEMO FROM DPH EEO DOCUMENTING  
COMPLIANCE WITH REQUIRED ACTIONS**

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Edwin M. Lee  
Mayor

Office of Equal Employment Opportunity  
And Cultural Competency

DATE: February 21, 2014

TO: Micki Callahan, DHR-EEO

THROUGH: *CC* Ron Weigelt, DPH-HR

FROM: *ML* Martin Lum, DPH-EEO

SUBJECT: Mandana Siyadat – EEO File No. 1652  
Required Actions

RECEIVED DIRECTOR  
OFFICE OF HUMAN RESOURCES  
CITY OF SAN FRANCISCO  
14 FEB 25 PM 3:56

Based on the determination of the City's Human Resources Director, Micki Callahan, the Department of Public Health has and/or will be implementing the City's Department of Human Resources' required actions as follows:

1. Inform Mr. Moser of the Director of Human Resources' findings that he violated federal and state law and city policies by subjecting Ms. Siyadat to unlawful discrimination and retaliation. Also inform Mr. Moser that he violated the CCSF's Harassment Free Workplace Policy by making inappropriate comments about Ms. Siyadat's gender and national origin.

On February 14, 2014, Mr. Moser's supervisor, David Sostarich, discussed and handed Ron Weigelt's letter outlining his violation of federal and state law and city policies by subjecting Ms. Siyadat to unlawful discrimination and retaliation. David Sostarich informed Mr. Moser that he violated CCSF's Harassment Free Workplace Policy by making inappropriate comments about Ms. Siyadat's gender and national origin. Mr. Sostarich discussed and handed Mr. Moser the EEO guidelines referencing CCSF's Harassment Free Workplace. Ms. Moser signed an acknowledgement of the above with his understanding that any retaliatory action will not be tolerated and dealt with in the strictest manner.

See Exhibit A

2. Take appropriate disciplinary action against Mr. Moser for his discriminatory and retaliatory actions against Ms. Siyadat and for his inappropriate comments about gender, race, and national origin that five (5) other employees attested he made.

On February 14, 2014, David Sostarich handed Mr. Moser an Employee Conference form recommending a thirty (30) day suspension with a redacted attachment of Ms. Miki Callahan's Determination letter to Barbara Garcia, Director of Public Health. Mr. Moser was scheduled for an employee conference on Friday, February 21, 2014; however, Mr. Moser's union has requested to reschedule a conference meeting for at least 7 days pending their request for additional information on the allegations against Mr. Moser from the Department. DPH's Human Resources Labor group manager, Louise Brooks Houston, is currently working with DHR and the City Attorney, Janie Richardson on a union response. DPH EEO will continue to monitor this with our DPH HR Labor group taking the lead toward assuring the completion of this action.

**See Exhibit B**

3. Remind Mr. Moser of the CCSF policy prohibiting retaliation against employees complaining about discrimination, or providing testimony in support of a discrimination complaint.

As previously discussed, Ms. Moser signed an acknowledgement of his understanding from David Sostarich that any retaliatory action will not be tolerated and dealt with in the strictest manner.

**See Exhibit A**

4. Require Mr. Moser to attend harassment Free Workplace training; one-on-one training should be considered as an option because it may be more effective. Issue Mr. Moser the CCSF's harassment Free Workplace Policy with a signed Acknowledgement and Receipt to be placed in Mr. Moser's official personnel file.

Mr. Moser had already completed the 2013 Preventing Workplace Harassment on-line training. **See Exhibit C**

Mr. Moser has been scheduled for a one-on-one training on Thursday, February 27, 2014 at 1:00 pm at SFGH with a member of the DPH EEO unit. A signed receipt copy will be placed in Mr. Moser's official personnel file after this scheduled meeting.

5. Require Mr. Moser to attend the Department of Human Resources' 24-PLUS for New Supervisors and Managers training program, which provides training that covers fundamental competencies for supervision.

Mr. Moser has been scheduled for the 24 Plus Supervisor Workshop on April 22, 2014.

**See Exhibit D**

6. Disseminate a written reminder to DPH Supervisors and managers regarding reporting allegations of discrimination to DPH Human Resources or DPH EEO. Mr. Ibarra, then Interim Director of Radiology, acknowledged that Ms. Siyadat complained to him about an inappropriate comment that Mr. Moser made about her nationality. While Mr. Ibarra advised Ms. Siyadat to file a complaint with DPH EEO, he failed to report her allegations himself. Supervisors have an obligation to report EEO concerns.

Ron Weigelt, DPH Human Resources Director, had requested a written reminder in DPH's Fast Facts news and announcements regarding the reporting responsibilities of managers and supervisors on all allegations of discrimination to DPH Human Resources or DPH EEO. This written reminder has now posted on DPH's Fast Fact announcement dated February 20, 2014.

**See Exhibit E**

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# **EXHIBIT E**

**NOTICE OF RECEIPT OF APPEAL WITH  
APPEAL TO CIVIL SERVICE COMMISSION  
FROM MANDANA SIYADAT**

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**CIVIL SERVICE COMMISSION**  
**CITY AND COUNTY OF SAN FRANCISCO**

EDWIN M. LEE  
MAYOR

**NOTICE OF RECEIPT OF APPEAL**

SCOTT R. HELDFOND  
PRESIDENT

E. DENNIS NORMANDY  
VICE PRESIDENT

DOUGLAS S. CHAN  
COMMISSIONER

KATE FAVETTE  
COMMISSIONER

GINA M. ROCCANOVA  
COMMISSIONER

JENNIFER C. JOHNSTON  
EXECUTIVE OFFICER

DATE: February 18, 2014  
REGISTER NO.: 0028-14-6  
APPELLANT: MANDANA SIYADAT

Micki Callahan  
Human Resources Director  
Department of Human Resources  
1 South Van Ness Avenue, 4<sup>th</sup> Floor  
San Francisco, CA 94103

Dear Ms. Callahan:

The Civil Service Commission has received the attached letter from Ms. Maridana Siyadat, appealing the Human Resources Director's decision on her discrimination complaint EEO File No. 1652. Your review and action are required.

If this matter is not timely or appropriate, please submit CSC Form 13 "Action Request on Pending Appeal/Request," with supporting information and documentation to my attention at 25 Van Ness Avenue, Suite 720, San Francisco, CA 94102. CSC Form 13 is available on the Civil Service Commission's website at [www.sfgov.org/Civil\\_Service](http://www.sfgov.org/Civil_Service) under "Procedures and Forms."

In the event that Ms. Siyadat's appeal is timely and appropriate, the department is required to submit a staff report in response to the appeal within sixty (60) days so that the matter may be resolved in a timely manner. Accordingly, the staff report is due no later than 11 a.m. on April 24, 2014 so that it may be heard by the Civil Service Commission at its meeting on May 5, 2014. If you will be unable to transmit the staff report by the April 24<sup>th</sup> deadline, or if required departmental representatives will not be available to attend the May 5<sup>th</sup> meeting, please notify me by use of CSC Form 13 as soon as possible, with information regarding the reason for the postponement and a proposed alternate submission and/or hearing date.

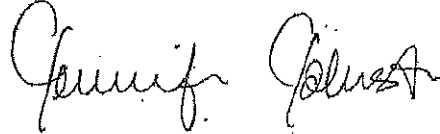
You may contact me at [Jennifer.Johnston@sfgov.org](mailto:Jennifer.Johnston@sfgov.org) or (415) 252-3250 if you have any questions. For more information regarding staff report requirements,

Appellant: Mandana Siyadat  
February 18, 2014  
Page2

meeting procedures or future meeting dates, please visit the Commission's website at  
[www.sfgov.org/Civil\\_Service](http://www.sfgov.org/Civil_Service).

Sincerely,

CIVIL SERVICE COMMISSION



JENNIFER JOHNSTON  
Executive Officer

Attachment

Cc: Donna Kotake, Department of Human Resources  
Linda Simon, Department of Human Resources  
Ron Weigelt, Department of Public Health





**CIVIL SERVICE COMMISSION  
CITY AND COUNTY OF SAN FRANCISCO**

EDWIN M. LEE  
MAYOR

*Sent via U.S. Mail*

February 18, 2014

Mandana Siyadat



SCOTT R. HELDROND  
PRESIDENT

E. DENNIS NORMANDY  
VICE PRESIDENT

DOUGLAS S. CHAN  
COMMISSIONER

KATE FAVETTI  
COMMISSIONER

GINA M. ROCCANOVA  
COMMISSIONER

JENNIFER C. JOHNSTON  
EXECUTIVE OFFICER

Subject: **Register No. 0028-14-6: Appealing the Human Resources Director's decision on your discrimination complaint File No. 1652**

Dear Ms. Siyadat:

This is in response to your appeal submitted to the Civil Service Commission on February 14, 2014 appealing the Human Resources Director's decision on your discrimination complaint File No. 1652. Your appeal has been forwarded to the Department of Human Resources for investigation and response to the Civil Service Commission.

If your appeal is timely and appropriate, the department will submit its staff report on this matter to the Civil Service Commission in the near future to request that it be scheduled for hearing. The Civil Service Commission generally meets on the 1st and 3rd Mondays of each month. You will be notified approximately one week in advance of the hearing date, at which time you will be able to pick up a copy of the department's staff report at the Commission's offices located at 25 Van Ness Avenue, Suite 720, San Francisco, CA 94102. If you would instead prefer Commission staff to email you a copy of the meeting notice and staff report, please submit your request to [CivilService@sfgov.org](mailto:CivilService@sfgov.org) (this will also result in your receiving the meeting notice and staff report a few days sooner).

In the meantime, you may wish to compile any additional information you would like to submit to the Commission in support of your position. The deadline for receipt in the Commission office of any additional information you may wish to submit is 5:00 p.m. on the Tuesday preceding the meeting date (note that the Commission requires an original and eight copies of any supplemental/rebuttal materials you wish to submit—all double-sided, hole-punched, paper-clipped and numbered). Please be sure to redact your submission for any confidential or sensitive information (e.g., home addresses, home or cellular phone numbers, social security numbers, dates of birth, etc.), as it will be considered a public document.

You may contact me by email at [Jennifer.Johnston@sfgov.org](mailto:Jennifer.Johnston@sfgov.org) or by phone at (415) 252-3247 if you have any questions. You may also access the Civil Service Commission's meeting calendar, and information regarding staff reports and meeting procedures, on the Commission's website at [www.sfgov.org/Civil\\_Service](http://www.sfgov.org/Civil_Service).

Sincerely,

CIVIL SERVICE COMMISSION

JENNIFER JOHNSTON  
Executive Officer



**CIVIL SERVICE COMMISSION**  
**City and County of San Francisco**  
 25 Van Ness Avenue, Suite 720  
 San Francisco, California 94102-6033  
 Jennifer Johnston, Executive Officer  
 (415) 252-3247

CSC Register No.  
1028-14-6

To: X M. Callahan

CC: D. Kotake  
L. Simon  
K. Weigelt

**APPEAL TO THE CIVIL SERVICE COMMISSION**

<p><b>INSTRUCTIONS:</b>          Submit an original copy of this form to the Executive Officer of the Civil Service Commission at the address above within the designated number of days following the postmarked mailing date or email date (whichever is applicable) of the Department of Human Resources' or Municipal Transportation Agency's notification to the appellant. The appellant's/authorized representative's original signature is required. (E-mail is not accepted.) It is recommended that you include all relevant information and documentation in support of your appeal.</p>	<p><b>TYPE OF APPEAL:</b> (Check One)</p> <p><input type="checkbox"/> Examination Matters (by close of business on 5<sup>th</sup> working day)</p> <p><input type="checkbox"/> Employee Compensation Matters (by close of business on 7<sup>th</sup> working day) - Limited application</p> <p><input type="checkbox"/> Personal Service Contracts (Posting Period)</p> <p><input checked="" type="checkbox"/> Other Matters (i.e., Human Resources Director/Executive Officer Action) (30 Calendar days)</p> <p><input type="checkbox"/> Future Employability Recommendations (See Notice to Employee)</p>
---	---

Full Name of Appellant <u>Mandana Syadat</u>	Work Address <u>SFGH-1001 Potrero Ave; SF</u>	Work Telephone <u>415 206 8020</u>
Job Code <u>2469</u>	Title <u>Diagnostic Imaging Technologist III</u>	Department <u>DPH - SFGH-Radiology</u>
Residence Address <u>[REDACTED]</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
	Zip <u>[REDACTED]</u>	Home Telephone <u>[REDACTED]</u>
Full Name of Authorized Representative (if any)	Telephone Number of Representative (including Area Code)	

**NOTE:** If this is deemed to be a timely and appealable matter, the department will submit a staff report to the Civil Service Commission to request that it be scheduled for hearing. You will be notified approximately one week in advance of the hearing date, at which time you will be able to pick up a copy of the department's staff report at the Commission's offices. If you would instead prefer Commission staff to email you a copy of the meeting notice and staff report, please provide your email address below.

Email: \_\_\_\_\_

**COMPLETE THE BASIS OF THIS APPEAL ON THE REVERSE SIDE. (Use additional page(s) if necessary.)**

<p>Does the basis of this appeal include new information not previously presented in the appeal to the Human Resources Director? If so, please specify.</p>	<p>Check One:</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p>
---	---

Mandana Syadat \_\_\_\_\_ Date NOV 14 2011

Original Signature of Appellant or Authorized Representative

CSC-12 (5/13) \_\_\_\_\_ Date Received by Civil Service Commission: \_\_\_\_\_

Civil Service Commission  
City and County of San Francisco  
25 Van Ness Avenue, Suite 720  
San Francisco, CA 94102-6033

February 13, 2014

Dear Ms Jennifer Johnston, Executive Director

Re: Discrimination Complaint, DHR EEO File No. 1652 - Appeal

I would like to appeal the decision by Micki Callahan regarding my Discrimination and Harassment Complaint dated September 27, 2011. Ms Callahan decided on the complaint on January 17, 2014.

My complaint was made on the basis of gender (female) and national origin (Iran).

In regards to the first paragraph of Ms. Callahan's Determination (Section V), I agree with the substance of the investigation and the finding of Discrimination.

In regards to the second paragraph, I strongly disagree. I do not believe that much effort has been put forth to review my case as a series of events culminating in a tangible change of work status. Harassment can be viewed as a form of discrimination conducted over a period of time.

#### **BASIS OF THIS APPEAL**

My primary objection to the decision lies in the fact that the analysis fails to see my situation as a long and painful series of intimidating and antagonistic verbal and non-verbal events ending in a drastic change in my job which not only impacted my work life but my family life as well.

The reviewer has isolated the incidents instead of viewing the whole picture, the ethnic and gender slurs, and my unwillingness to accept them, are the point of departure from which the harassment exacerbated. There has been a clear pattern of abuse over time

For example:

In my complaint, I stated Mr. Moser's prejudicial and hostile attitude toward me heightened after I told him that I did not appreciate his comments about me as an "Iranian".

By appealing I would like to bring to your attention the fact that Ms Callahan's decision overlooks the root cause of the harassment, i.e. Mr. Moser's prejudice which in conjunction with Radiology's Department's cooperation caused me to be disciplined, (I was stripped of my duties in the Avon Breast Center and probationary period was extended.)

My position in the Avon Breast Center was ultimately changed in favor of a blonde, blue-eyed Caucasian woman. Essentially, I was demoted.

Moreover, I want to present new information that validates my assertion that over the course of the period delineated in my initial complaint, and for a period of time after submitting the complaint, Mr. Moser has subjected me to both verbal and non-verbal harassment.

The incidents, which I presented as a sequence, and perceive as having been the result of Mr., Moser's racial and ethnic prejudices, Ms Callahan has compartmentalized so that harassment is not viewed as a gestalt but rather as isolated, unrelated events.

For example:

- On page 4 Ms Callahan does not look at the series of events when she states: "Two inappropriate comments over a four (4) month period do not rise to the level of being severe..."
- The two comments were only the beginning of the harassment. One ethnic or racial slur is indicative of a prejudicial attitude.
- I would like to call to your attention a statement made by Fred Evens that was submitted with my complaint in which he states that Moser referred to me a "dumb Indian" woman. This statement alone, indicates, Moser's hostility toward both my gender and ethnicity.

After making derogatory comments to me Moser proceeded, with the collaboration of management (Rafael Ibarra, Acting Director of Radiology at that time) to fabricate issues regarding my job performance, which caused me to be reassigned and essentially demoted. For example:

- Moser's claimed that I was out of compliance with Federal Mammography regulations. (See my original complaint, incident on May 2011).
- Ms Callahan states under Allegations B that it is "more likely than not that your probation was extended because of your gender and national origin"

Furthermore, I was obligated, for fear of dismissal, to comply with the specious assertions that I was inattentive to my duties even though I presented to Moser and Ibarra the proof that I was not out of compliance with regulations.

According to U.S. Equal Employment Opportunity Commission (see attached):

"harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted)" (see attached)

As I stated in my initial complaint following Moser's comments to me as an Iranian:

- I was first forced from my position as Lead Tech in Mammography based on fabricated allegations,
- Then due to the constant harassment, such as comments about my personal appearance and my use of shampoo, which were said in such a manner as to imply, I am dirty, including Moser's non-verbal hostility, I had to change my entire life, move to a new shift and position in order to avoid the constant harassment, verbal and non verb

## NEW INFORMATION

### I.

- In 2012 Radiology hired a new Director, David Sostarich
- Sometime after Mr. Sostarich's was hired Mr. Moser was removed from his position in the Avon Breast Center
- Moser was moved to an office in the area where I had moved in order to avoid him
- On May 6, 2013 I had another incident with Moser which I reported to the new Director (see the copy of the email to Sostarich dated May 6, 2013 which I cc'ed to Matthew Valdez at DHR who was investigating my complaint) (see attached)
- Following my conversation with and email to Mr. Sostarich, the new Director told me verbally that he would speak to Mr. Moser regarding the incident.
- Since then, Mr., Moser has kept his distance from me.

### II.

- Since Moser and Radiology took my Avon Breast Center position away from me a blonde, blue-eyed Caucasian woman has been given my position.

Moser's behavior has changed only since department management changed.

If the management of the department hadn't changed in 2012, I believe that the harassment would be ongoing based on past incidents.

Please note however, I am still very uncomfortable and feel very threatened by having to work in proximity to Mr. Moser, who sneers at me when cross paths. I am also uneasy knowing that he harassed me without consequence.

Therefore, in order to feel whole as an ethnic woman, I am requesting that your department further investigate in regards to paragraph two (2) of Ms Callahan's determination.

Additionally, I would like a letter of apology from the accused and the Radiology Department.

Sincerely,

Mandana Siyadat



**From:** "Valdez, Matthew" <matthew.valdez@sfgov.org>  
**To:** "Siyadat, Mandana" <mandana.siyadat@sfdph.org>

**Date:** Tuesday, May 07, 2013 06:13PM  
**Subject:** RE: Hostile work environment

---

Hi Mandana,

Thank you for bringing this to my attention. I understand that you are currently addressing this incident through management at DPH. If you have any questions, please feel free to give me a call at 557-4982.

Thanks,

Matthew

**From:** Mandana Siyadat [mailto:Mandana.Siyadat@sfdph.org]  
**Sent:** Monday, May 06, 2013 10:42 PM  
**To:** Sostarich, David  
**Cc:** Valdez, Matthew; gus.feldman@selu1021.org  
**Subject:** Hostile work environment  
**Importance:** High

Just to recap our conversation earlier today Monday May 6, 2013, @ 2:00 PM I came to your office, and spoke to you to make you aware of an incident that I described to you as follows:

- When I arrived to work @ 1:30 PM , I entered the Charge tech office, Brian Moser, and Donald Chin were in the Charge tech office discussing their assignment.
- Donald got up from my chair, and said that he was just keeping my chair warm for me.
- I sat at my desk waiting to start my work, but they were distracting.
- I asked them if they can go somewhere else to continue their work since this is a very small office, ( I know that Moser has his own office).
- I was completely ignored, and I left the office to come to your office to talk to you.

When I got to your office and explained this incident to you, in addition I also explained:

- Moser always manages to either be in the Charge Tech office , or in the front desk when I arrive to work.

- It is my perception that he does this deliberately to get a rise out of me.
- As you know I have an unpleasant history with him.
- I have field a harassment, and discrimination charges against Moser.
- I removed myself from Avon Breast Center, and changed my whole life to be away from him, and the hostile work environment that he, and ultimately with the support of the management that I was subject to.
- Now that he was removed from Avon Breast Center which originally was hired to be the Supervisor of, and instead been assigned to work where I am, I feel that Moser is subjecting me to a hostile work environment again.
- I am not sure how long does this investigation takes, **All I know is that it has been 2 long years that I have been subjected to an on going harassment.**

I sincerely hope that you as the Director of the radiology department will do something to provide a pleasant work environment.

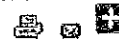
Thank you

Mandana Siyadat  
Lead Technologist  
Avon Comprehensive Breast Center  
San Francisco General Hospital  
415 206 5331



## U.S. Equal Employment Opportunity Commission

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[Prohibited Practices](#)
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### National Origin Discrimination

National origin discrimination involves treating people (applicants or employees) unfavorably because they are from a particular country or part of the world, because of ethnicity or accent, or because they appear to be of a certain ethnic background (even if they are not).

National origin discrimination also can involve treating people unfavorably because they are married to (or associated with) a person of a certain national origin or because of their connection with an ethnic organization or group.

Discrimination can occur when the victim and the person who inflicted the discrimination are the same national origin.

### National Origin Discrimination & Work Situations

The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment.

### National Origin & Harassment

It is unlawful to harass a person because of his or her national origin. Harassment can include, for example, offensive or derogatory remarks about a person's national origin, accent or ethnicity. Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

### Employer Coverage

15 or more employees

### Time Limits

180 days to file a charge  
*(may be extended by state laws)*

Federal employees have 45 days to contact an EEO counselor

For more information, see:

- ▶ [Facts About National Origin Discrimination](#)
- ▶ [Title VII of the Civil Rights Act of 1964](#)
- ▶ [Regulations: 29 C.F.R. Part 1608](#)
- ▶ [Policy & Guidance](#)
- ▶ [Statistics](#)

### Additional Information

- ▶ [Questions and Answers About the Workplace Rights of Muslims, Arabs, South Asians, and Sikhs Under the Equal Employment Opportunity Laws](#)
- ▶ [Questions and Answers About Employer](#)



# **EXHIBIT F**

DFEH BROCHURE, "SEXUAL  
HARASSMENT: THE FACTS ABOUT  
SEXUAL HARASSMENT,"

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The definition of sexual harassment includes many forms of offensive behavior.



Department of Fair Employment and Housing

## Sexual Harassment

### The Facts About Sexual Harassment

The *Fair Employment and Housing Act* (FEHA) defines sexual harassment as harassment based on sex or of a sexual nature; gender harassment; and harassment based on pregnancy, childbirth, or related medical conditions. The definition of sexual harassment includes many forms of offensive behavior, including harassment of a person of the same gender as the harasser. The following is a partial list of types of sexual harassment:

- Unwanted sexual advances
- Offering employment benefits in exchange for sexual favors
- Actual or threatened retaliation
- Leering; making sexual gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters
- Making or using derogatory comments, epithets, slurs, or jokes
- Sexual comments including graphic comments about an individual's body; sexually degrading words used to describe an individual; or suggestive or obscene letters, notes, or invitations
- Physical touching or assault, as well as impeding or blocking movements

- such as a lead, supervisor, manager or agent;
- the employer had no knowledge of the harassment;
- there was a program to prevent harassment; and
- once aware of any harassment, the employer took immediate and appropriate corrective action to stop the harassment

### Filing a Complaint

Employees or job applicants who believe that they have been sexually harassed may file a complaint of discrimination with DFEH within one year of the harassment.

DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes.

If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a formal accusation. The accusation will lead to either a public hearing before the Fair Employment and Housing Commission or a lawsuit filed by DFEH on behalf of the complaining party.

If the Commission finds that discrimination has occurred, it can order remedies including:

- Fines or damages for emotional distress from each employer or person found to have violated the law
- Hiring or reinstatement
- Back pay or promotion
- Changes in the policies or practices of the involved employer

Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

For more information, see publication DFEH-159 "Guide for Complainants and Respondents."

For more information, contact DFEH toll free at (800) 884-1684

Sacramento area & out-of-state at (916) 478-7200

TTY number at (800) 700-2320

or visit our Web site at [www.dfeh.ca.gov](http://www.dfeh.ca.gov)

*In accordance with the California Government Code and ADA requirements, this publication can be made available in Braille, large print, computer disk, or tape cassette as a disability-related reasonable accommodation for an individual with a disability. To discuss how to receive a copy of this publication in an alternative format, please contact DFEH at the numbers above.*



State of California  
Department of Fair Employment & Housing



The mission of the Department of Fair Employment and Housing is to protect the people of California from unlawful discrimination in employment, housing and public accommodations, and from the perpetration of acts of hate violence.

### **Employers' Obligations**

All employers must take the following actions against harassment:

- Take all reasonable steps to prevent discrimination and harassment from occurring. If harassment does occur, take effective action to stop any further harassment and to correct any effects of the harassment.
- Develop and implement a sexual harassment prevention policy with a procedure for employees to make complaints and for the employer to investigate complaints. Policies should include provisions to:
  - Fully inform the complainant of his/her rights and any obligations to secure those rights.
  - Fully and effectively investigate. The investigation must be thorough, objective, and complete. Anyone with information regarding the matter should be interviewed. A determination must be made and the results communicated to the complainant, to the alleged harasser and, as appropriate, to all others directly concerned.
  - Take prompt and effective corrective action if the harassment allegations are proven. The employer must take appropriate action to stop the harassment and ensure it will not continue. The employer must also communicate to the com-

plaintant that action has been taken to stop the harassment from recurring. Finally, appropriate steps must be taken to remedy the complainant's damages, if any.

- Post the Department of Fair Employment and Housing (DFEH) employment poster (DFEH - 162) in the workplace (available through the DFEH publications line [916] 478-7201 or Web site).
- Distribute an information sheet on sexual harassment to all employees. An employer may either distribute this pamphlet (DFEH 185) or develop an equivalent document that meets the requirements of Government Code section 12950(b). This pamphlet may be duplicated in any quantity. However, this pamphlet is not to be used in place of a sexual harassment prevention policy, which all employers are required to have.
- All employees should be made aware of the seriousness of violations of the sexual harassment policy and must be cautioned against using peer pressure to discourage harassment victims from complaining.
- Employers who do business in California and employ 50 or more part-time or full-time employees *must* provide at least two hours of sexual harassment training every two years to each supervisory employee and to all new supervisory employees within six months of their assumption of a supervisory position.

- A program to eliminate sexual harassment from the workplace is not only required by law, but is the most practical way for an employer to avoid or limit liability. If harassment should occur despite preventive efforts.

### **Employer Liability**

All employers, regardless of the number of employees, are covered by the harassment section of the FEHA. Employers are generally liable for harassment by their supervisors or agents. Harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassing an employee or coworker or for aiding and abetting harassment.

Additionally, the law requires employers to take "all reasonable steps to prevent harassment from occurring." If an employer has failed to take such preventive measures, that employer can be held liable for the harassment. A victim may be entitled to damages, even though no employment opportunity has been denied and there is no actual loss of pay or benefits.

In addition, if an employer knows or should have known that a non-employee (e.g. client or customer) has sexually harassed an employee, applicant, or person providing services for the employer and fails to take immediate and appropriate corrective action, the employer may be held liable for the actions of the non-employee.

- An employer might avoid liability if
- the harasser is not in a position of authority,

# **EXHIBIT G**

## **CCSF HARASSMENT-FREE WORKPLACE POLICY**

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## HARASSMENT-FREE WORKPLACE POLICY

### Harassment Prohibited

Harassment of City employees on the basis of sex, race, age, religion, color, national origin, ancestry, disability, medical condition, marital status, sexual orientation, gender identity or other protected category is prohibited and unlawful. Harassment consists of unwelcome visual, verbal, or physical conduct engaged in on account of a person's actual or perceived membership in a protected category. Harassment of employees, applicants, or persons providing services to the City by contract, whether by employees or non-employees, is prohibited. This policy applies to all employees and agents of the City, including supervisory and non-supervisory employees.

### Sexual Harassment

Sexual harassment is illegal under federal and state law. Federal law defines sexual harassment as unsolicited and unwelcome sexual advances, requests for sexual favors and other verbal, physical, visual or written conduct of a sexual nature directed to persons of the same or opposite sex when:

- submission to such conduct is made either explicitly or implicitly as a term or condition of employment;
- submission to or rejection of such conduct by an employee is used as a basis for employment decisions affecting the employee; or
- such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile or otherwise offensive working environment.

State law defines sexual harassment as unwanted sexual advances or verbal, visual, or physical conduct of a sexual nature. These are some examples of sexual harassment:

- requests for sexual favors or unwanted sexual advances;
- offering employment benefits in exchange for sexual favors;
- making or threatening reprisals after a negative response to sexual advances;
- verbal harassment (e.g., graphic comments, derogatory comments, suggestive or obscene jokes or telephone calls);
- physical harassment (e.g., assault, impeding or blocking movement, gestures or any physical interference with normal work or movements); or
- visual forms of harassment (e.g., leering, derogatory or sexually explicit posters, letters, poems, emails, graffiti, cartoons, computer screen savers or drawings).

### Retaliation Prohibited

Retaliation against an individual who reports harassment, files a complaint of harassment or who otherwise opposes or who assists in the investigation of a complaint is also prohibited.

### Responsibility for Responding to and Reporting Harassment, Discrimination and Retaliation

All employees are encouraged to report harassing, discriminatory, or retaliatory behavior, whether directed at themselves or at co-workers. Supervisory employees are required to take corrective action if employees are subjected to harassment, discrimination or retaliation on the basis of a protected category.

If a complaint of harassment is made to a supervisor, the supervisor must immediately report it to the department's Equal Employment Opportunity (EEO) officer or personnel officer. Any supervisor who receives a complaint of harassment and fails to report it may be subject to disciplinary action. Departments are required to report all complaints of harassment, discrimination, and retaliation to the Human Resources Director within five days of becoming aware of such complaints. Departments are responsible for ensuring that all employees have knowledge of and periodic training regarding this policy.

### Complaint Procedures

Any employee who believes he or she has been harassed in violation of this policy should promptly report the facts of the incident and the individuals involved. To file a complaint of harassment, the employee should contact any of the following:

- the employee's supervisor or other superior;
- the department's EEO officer or Human Resources officer;
- the City's EEO Division in the Department of Human Resources located at 1 So. Van Ness Ave., 4<sup>th</sup> Flr., San Francisco, CA 94103;
- the Harassment Helpline at (415) 557-4900 or (415) 557-4810 (TTY); or
- the MTA EEO Division at (415) 701-4407 (MTA employees and applicants only)

The Human Resources Director is responsible for the investigation and resolution of all discrimination complaints, except those involving the Municipal Transportation Agency (MTA), which shall be investigated and resolved by the MTA. If the Human Resources Director determines that harassment or discrimination has occurred, the City will take appropriate remedial action.

The U.S. Equal Employment Opportunity Commission (EEOC) and the California Department of Fair Employment and Housing (DFEH) also investigate and prosecute complaints of harassment and discrimination in employment. Employees who believe that they have been harassed or discriminated against may file a complaint with either of these agencies using the following contact information:

- EEOC: 1-800-669-4000 or TTY 1-800-669-6820; or online at [www.eeoc.gov](http://www.eeoc.gov)
- DFEH: 1-800-884-1684 or TTY 1-800-700-2320; or online at [www.dfeh.ca.gov](http://www.dfeh.ca.gov)

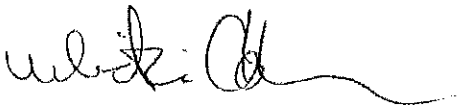
Remedies available through these agencies include hiring or reinstatement, back pay or promotion, fines or damages for emotional distress, and changes in the policies or practices of the employer.

### Discipline

Any employee, supervisor or agent of the City found to have engaged in unlawful harassment, discrimination or retaliation may be subject to disciplinary action, up to and including termination. An employee may be subject to discipline for engaging in harassing conduct that does not meet the definition of harassment under federal and state law, but that, if repeated or allowed to continue, might meet that definition.

Para mayor información sobre el hostigamiento en el trabajo: 415-557-4900.

如欲索取更多資料或要舉報在工作場所受到騷擾,可致電415-557-4900



Micki Callahan  
Human Resources Director

One South Van Ness Avenue, 4<sup>th</sup> Floor, San Francisco, CA 94103-5413 \* (415) 557-4800 \* [www.sfgov.org/dhr](http://www.sfgov.org/dhr)

Revised and Reissued 5/2012



# **EXHIBIT H**

**CCSF EMPLOYEE HANDBOOK EXCERPT,  
“EQUAL EMPLOYMENT OPPORTUNITY”**

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## EQUAL EMPLOYMENT OPPORTUNITY

The City has strictly enforced policies that protect your equal employment opportunity rights and those of your co-workers.

### **Policy on Equal Employment Opportunity**

The City is committed to equal employment opportunity. It is the policy of the City to ensure:

- equal opportunity to all employees and applicants;
- that employees are selected and promoted based on merit and without discrimination; and
- that reasonable accommodations for disabilities are provided to qualified employees and applicants who require them.

The City prohibits discrimination on the basis of race, religion, sex, national origin, creed, ethnicity, age, physical or mental disability, political affiliation, sexual orientation, ancestry, color, medical condition (e.g., cancer or cancer related illness; HIV/AIDS or related conditions), genetic characteristics (e.g., non-symptomatic carriers of inheritable diseases), gender identity, marital or domestic partner status, parental status, veteran status, height, weight or any other basis protected by law.

The City also prohibits retaliation against any employee for making a good-faith complaint of discrimination or harassment, for assisting another employee in doing so, or for participating in an investigation of a discrimination or harassment complaint.

### **Policy on Equal Opportunity and Reasonable Accommodation for Individuals with Disabilities**

The City is firmly committed to equal employment opportunity for persons with disabilities in compliance with the Americans with Disabilities Act and state law. The law prohibits discrimination against persons with disabilities during the application process and in all phases of employment. It requires employers to interact with disabled employees to identify reasonable accommodations that will enable them to perform the essential functions of their jobs and to enjoy equal benefits and privileges of employment. The City will provide a reasonable accommodation for the known physical or mental disability of a qualified employee or applicant, unless doing so would pose an undue hardship or direct threat to the health or safety of the individual or others.

If you feel you need an accommodation for a disability, inform your supervisor, departmental personnel officer or reasonable accommodation coordinator immediately. Requests for accommodation will be evaluated on a case-by-case basis. If you request an accommodation, it is essential that you participate fully in the interactive process to address your request. This participation may include, but is not limited to, providing medical documentation, meeting with specialists, and identifying restrictions and possible accommodations.

### **Language Diversity**

The City recognizes that an employee's use of a language other than English is often an asset in the provision of public services. A department may limit the use of languages other than English only when necessary. In such cases, employees will be informed of the rule, including where and when it applies and the consequences for violating it.

### **Policy Prohibiting Harassment**

Harassment of City employees on the basis of sex, race, age, religion, color, national origin, ancestry, disability, medical condition, marital status, sexual orientation, gender identity or other protected category is prohibited and unlawful. Harassment consists of unwelcome visual, verbal or physical conduct engaged in on account of a person's actual or perceived membership in a protected category. City employees who are found to engage in harassment are subject to disciplinary action, up to and including termination. Harassment of employees, applicants or persons providing services to the City by contract, whether by employees or non-employees, is prohibited. This policy applies to all employees and agents of the City, including supervisory and non-supervisory employees.

City employees with supervisory responsibilities play a key role in ensuring that the workplace is free of illegal harassment. In accordance with California law, supervisory employees are required to attend a course on preventing workplace harassment every two years, and new supervisors must complete training within six months of appointment. It is the responsibility of each supervisor to comply with this requirement, and the responsibility of each department to ensure such compliance. Supervisors must take the on-line course provided through the Department of Human Resources ("DHR") or other DHR-approved group training provided through their department. For questions, please contact your departmental personnel officer.

### **Sexual Harassment**

Federal law defines sexual harassment as unsolicited and unwelcome sexual advances, requests for sexual favors and other verbal, physical, visual or written conduct of a sexual nature directed to persons of the same or opposite sex when:

- submission to such conduct is made, either explicitly or implicitly, a term or condition of employment;
- submission to or rejection of such conduct by an employee is used as a basis for employment decisions affecting the employee; or
- such conduct has the purpose or effect of substantially interfering with an employee's work performance or creating an intimidating, hostile or otherwise offensive working environment.

State law defines sexual harassment as unwanted sexual advances or verbal, visual or physical conduct of a sexual nature. These are some examples of sexual harassment:

- requests for sexual favors or unwanted sexual advances;
- offering employment benefits in exchange for sexual favors;

- making or threatening reprisals after a negative response to sexual advances;
- verbal harassment (e.g., graphic verbal commentary, derogatory comments, suggestive or obscene letters or telephone calls);
- physical harassment (e.g., assault, impeding or blocking movement, gestures or any physical interference with normal work or movements); and/or
- visual forms of harassment (e.g., leering, derogatory or sexually explicit posters, letters, poems, graffiti, cartoons, computer screen savers or drawings).

### **How to Get Help**

If you feel you are being discriminated against or harassed by anyone on the basis of any protected category, or because you complained or assisted another employee in complaining about discrimination or harassment, you should inform your supervisor or other responsible officer immediately. If you do not want to tell your supervisor, contact your departmental personnel office or the Department of Human Resources' Equal Employment Opportunity Office ("EEO").

The DHR EEO Office works to ensure equal employment opportunities of all individuals within the City service and administers EEO programs, provides assistance to departments, and investigates complaints of employment discrimination. If DHR EEO staff determines that discrimination or harassment has occurred, the City will take appropriate remedial action. You may call the DHR EEO Office for information and assistance at (415) 557-4837 or at (415) 557-4810 (TDD) if you have a hearing impairment.

For information and assistance on the complaint procedure, you may call the DHR Harassment Helpline at (415) 557-4900.

The Equal Employment Opportunity Commission ("EEOC") and the California Department of Fair Employment and Housing ("DFEH") also investigate and prosecute complaints of harassment and discrimination in employment. Employees who believe that they have been harassed or discriminated against may file a complaint with either of these agencies. Both the EEOC and the DFEH serve as neutral fact finders and attempt to help the parties voluntarily resolve disputes. The DFEH office may be reached by calling (800) 884-1684. The San Francisco office of the EEOC may be reached by calling (800) 669-4000.

### **Responsibility for Responding to and Reporting Discrimination, Retaliation, and Harassment**

All employees are encouraged to report harassing, retaliatory, or discriminatory behavior, whether directed at themselves or co-workers. Supervisory employees are required to take corrective action if employees are subjected to retaliation, discrimination or harassment on the basis of a protected category, and must report any such incidents to the department's personnel officer or EEO unit. Supervisors who fail to report such incidents are subject to discipline.

Departments are required to report all complaints of discrimination, retaliation, and harassment to the Human Resources Director within five days of becoming aware of such complaints.

**Anti-Retaliation**

The law and City policy also prohibit retaliation against any employee for opposing discriminatory practices, or for filing a complaint with, or otherwise participating in an investigation, proceeding, or hearing conducted by the EEOC or DFEH. If you believe you have been retaliated against, you may use any of the procedures under the "How to Get Help" section above "To File a Complaint." If a complaint of retaliation is substantiated, the City will take prompt action to address and remedy it.

# **EXHIBIT I**

**MAY 20, 2013 EMAIL FROM MATTHEW  
VALDEZ TO MANDANA SIYADAT**

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**Valdez, Matthew (HRD)**

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**From:** Valdez, Matthew  
**Sent:** Monday, May 20, 2013 6:34 PM  
**To:** Siyadat, Mandana  
**Cc:** gus.feldman@seiu1021.org  
**Subject:** RE: Hostile work environment

Hi Mandana,

I apologize that I have been unable to speak with you about your concerns. I've tried calling you on several occasions, but your voicemail is full so I have been unable to leave you a message.

Your original email appeared to be directed toward Mr. Sostarich. You described an incident in which you found Mr. Moser and Mr. Chin to be distracting while working on an assignment in the Charge Tech office. Performance of his work assignments is not an EEO issue; it is a management issue that is appropriately resolved by DPH management.

With regard to the length of the investigation, I want to clarify that at the time we met on January 17, 2013, I stated that the length also depended on factors outside my control, such as difficulties in coordinating schedules to complete interviews, and depended on what new information I may receive. The completion of the investigation has taken longer than I had anticipated. However, I am currently completing the draft of my report.

If you have any questions, please feel free to call me at 415-557-4982.

Thanks,  
Matthew

**From:** Mandana Siyadat [mailto:Mandana.Siyadat@sfdph.org]  
**Sent:** Monday, May 20, 2013 5:53 PM  
**To:** Valdez, Matthew  
**Cc:** gus.feldman@seiu1021.org  
**Subject:** RE: Hostile work environment  
**Importance:** High

Hello,

*To follow up on the email I sent on Monday 5/6/13:*

- *I sent an email complaining about Hostile work environment.*
- *you answered by stating ;*

"Thank you for bringing this to my attention. I understand that you are currently addressing this incident through management at DPH. If you have any questions, please feel free to give me a call at 557-4982."

- *I called you, and left a voice mail the next day since I did not understand your response, and asked for you to either call or email me to clarify what does this mean.*
- *I have not gotten any response from you.*

*To recap on our 2 hrs meeting on Thursday 01/17/13:*

- *I voiced my concern about the lengthy investigations.*

- You assured me that this will be a very short investigation on your part, since THE EEO did investigation on my complain.
- It has been 5 months, and I am still waiting.

As I mentioned on my email "it has been 2 long years that I have been subjected to an on going harassment. " I am so disappointed in the system, and the poor handling of this complaint . It is very disturbing that I am still subject to this, and your answer to my email on 5/6/13 does not indicate in any which way that this is an important fact relating to my original complaint. It is my understanding that my email is the continuation of the same complain.

I like an answer.

Mandana Siyadat  
Lead Technologist  
Avon Comprehensive Breast Center  
San Francisco General Hospital  
415 206 4483

-----"Valdez, Matthew" <[matthew.valdez@sfgov.org](mailto:matthew.valdez@sfgov.org)> wrote: -----

To: "Siyadat, Mandana" <[mandana.siyadat@sfdph.org](mailto:mandana.siyadat@sfdph.org)>  
From: "Valdez, Matthew" <[matthew.valdez@sfgov.org](mailto:matthew.valdez@sfgov.org)>  
Date: 05/07/2013 06:13PM  
Subject: RE: Hostile work environment

Hi Mandana,

Thank you for bringing this to my attention. I understand that you are currently addressing this incident through management at DPH. If you have any questions, please feel free to give me a call at 557-4982.

Thanks,

Matthew

**From:** Mandana Siyadat [<mailto:Mandana.Siyadat@sfdph.org>]  
**Sent:** Monday, May 06, 2013 10:42 PM  
**To:** Sostarich, David  
**Cc:** Valdez, Matthew; [gus.feldman@seiu1021.org](mailto:gus.feldman@seiu1021.org)  
**Subject:** Hostile work environment  
**Importance:** High

Just to recap our conversation earlier today Monday May 6, 2013, @ 2:00 PM I came to your office, and spoke to you to make you aware of an incident that I described to you as follows:

- When I arrived to work @ 1:30 PM , I entered the Charge tech office, Brian Moser, and Donald Chin were in the Charge tech office discussing their assignment.
- Donald got up from my chair, and said that he was just keeping my chair warm for me.
- I sat at my desk waiting to start my work, but they were distracting.
- I asked them if they can go somewhere else to continue their work since this is a very small office, ( I know that Moser has his own office).
- I was completely ignored, and I left the office to come to your office to talk to you.

When I got to your office and explained this incident to you, in addition I also explained:

- Moser always manages to either be in the Charge Tech office , or in the front desk when I arrive to work.
- It is my perception that he does this deliberately to get a rise out of me.
- As you know I have an unpleasant history with him.
- I have filed a harassment, and discrimination charges against Moser.
- I removed myself from Avon Breast Center, and changed my whole life to be away from him, and the hostile work environment that he, and ultimately with the support of the management that I was subject to.
- Now that he was removed from Avon Breast Center which originally was hired to be the Supervisor of, and instead been assigned to work where I am, I feel that Moser is subjecting me to a hostile work environment again.
- I am not sure how long does this investigation takes, **All I know is that it has been 2 long years that I have been subjected to an on going harassment.**

I sincerely hope that you as the Director of the radiology department will do something to provide a pleasant work environment.

Thank you

Mandana Siyadat  
 Lead Technologist  
 Avon Comprehensive Breast Center  
 San Francisco General Hospital  
 415 206 5331

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**Commissioners'  
Announcements/  
Request**

Adjournment