



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Human Resources		
Document:	Administrative Policy and Procedure		
Title:	TRAINING NEED ASSESSMENT		
Applies To:	ALL MCH STAFF		
Preparation Date:	January 05, 2025	Index No:	HR-APP-009
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1. PURPOSE:

- 1.1 To establish a procedure to be followed in the determination of the training needs of employees and in the provision of training opportunities/programs for employees.

2. DEFINITONS:

- 2.1 **Training:** Instructions provided to stimulate change. It is directed solely at furnishing knowledge or skills that employees need to carry out their present work duties efficiently and effectively.
- 2.2 **Needs assessment:** A systematic method of determining gaps between current and desired performance levels.

3. POLICY:

- 3.1 MCH recognizes that appropriate training is essential to maintain a qualified workforce. It is committed to supporting training by providing learning opportunities to its employees.
- 3.2 Department heads are responsible for assessing the training needs of the employees who is qualify.
- 3.3 Department Head:
 - 3.3.1 To determine whether training is needed by conducting initial assessment using the TRAINING NEEDS ANALYSIS FORM which provides questions to assist in determining whether or not training is needed
 - 3.3.2 If training is needed, to identify available training opportunities and /or the need for development.
 - 3.3.3 If training opportunities are not available, use TRAINING NEEDS ANALYSIS FORM as a guide to develop training.
 - 3.3.4 To provide the Director of Education and Training Affairs a copy of both filled up forms as his/her reference in assisting the requesting Department Head.
 - 3.3.5 If training is needed, to explore opportunities available within and outside the Hospital.
 - 3.3.6 To evaluate the effectiveness of the training.
- 3.4 Supervisors/Managers
 - 3.4.1 Be knowledgeable about employee training
 - 3.4.2 Prepare employees for learning
 - 3.4.3 Provide time for employee to attend training
 - 3.4.4 Support, re-inforce, and maintain training skills and competencies
- 3.5 Education and Training Affairs Director.
 - 3.5.1 Serve as a Consultant and Adviser to the Department Heads and Supervisors in the process of assessing the training needs of the employees and development of training programs for the employees.
- 3.6 Employee:
 - 3.6.1 To participate in assessment of learning/training needs.
 - 3.6.2 Must participate in and complete training programs as required.
 - 3.6.3 To demonstrate competency in job assigned.

APPENDICES: 7.1

KINGDOM OF SAUDI ARABIA
 RAFAR AL BATIN HEALTH
 CLUSTER
 MATERNITY AND CHILDREN



المملكة العربية السعودية
 التجمع الصحي بحضر الباطن
 مستشفى الولادة والأطفال

نموذج تحديد الاحتياجات التدريبية
 TRAINING NEEDS ANALYSIS FORM (TNA)

Department:						الادارة / القسم
Date:						التاريخ
Sign التوقيع _____	Emp. No.		رقم الموظف	Name:		الاسم
	Mobile No.		رقم الجوال	Job Title:		المسمى الوظيفي
	National ID / Izama No.		الهوية المدنية	Email:		البريد الإلكتروني
الملاحظات	National ID / السجل المدني	Job Title المسمى الوظيفي	Employee No. الرقم الوظيفي	Name الاسم		الاسم
						1
						2
						3
						4
						5
						6
						7
						8
						9
						10



Summary Training Needs Analysis	5. How soon after training will employees make use of the knowledge/skills gained through this course? Immediately فوراً One month شهر واحد 2 to 3 months 2 إلى 3 أشهر More than 3 months أكثر من 3 أشهر	5. متى سيستفيد الموظفون بعد التدريب من المعرفة / المهارات المكتسبة من خلال هذه الدورة؟
	6. Approximately what percentage of working time will be spent on tasks that require the skills / knowledge from the training course? %	6. ما هي النسبة التقريبية من وقت العمل المستغرق لانهاء المهام التي تتطلب المهارات / المعرفة من الدورة التدريبية؟
	7. How soon is this training required? Please indicate timeframe. في القريب العاجل ASAP الربع الاول 1st quarter الربع الثاني 2nd quarter الربع الثالث 3rd quarter الربع الرابع 4th quarter	7. متى يتطلب الحصول على هذا التدريب؟ يرجى الإشارة الى الاطار الزمني
	8. Can alternatives be used in place of a training course? NO YES	8. هل يمكن استخدام البدائل بدلا من الدورة التدريبية؟
	9. Who needs this course? (e.g., Doctors, nurses, PCT, etc.)	9. من يحتاج هذه الدورة؟ (على سبيل المثال ، الأطباء ، الممرضون ، قنوبرعاية المرضى وغيرهم)
	10. What other business units or functional areas could benefit from this type of training?	10. ما هي الوحدات أو المجالات الوظيفية الأخرى التي يمكن أن تستفيد من هذا النوع من التدريب؟
	11. Is your department willing to incur the full cost of the training if no other departments are able to be involved in the course? NO YES	11. هل قسمك على استعداد لتحمل التكلفة الكاملة للتدريب إذا لم تكن هناك أقسام أخرى قادرة على المشاركة في الدورة؟
	12. What is the expected cost of the course? (Please provide an itemized breakdown per attendee) رسوم الدورة Course Fees تذكرة طيران تقريبا (Approx.) Air Ticket	12. ما هي التكلفة المتوقعة للدورة؟ (يرجى تقديم تفصيل تفصيلي لكل متدرب) بدل يومي Per Diem أخرى (حدد) Others (Specify)



Summary Training Needs Analysis	Preferred Date: Jan available Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec As	التاريخ المفضل	
	Preferred Timing: Within Working Hours After Working Hours As available	التوقيت المفضل	
	of Course and Suggested Provider and Technical Expert Contact details:		الرجاء اظهر الدورات التدريبية المقترحة ان امكان
	# Training Needs Method Remarks	# اسم الدورة Course Name Trainer Training Center	
	1	1	
	2	2	
	3	3	
	*Skill, Knowledge and Attitude Questionnaire to be filled out by initiator before bringing in the selected training course: 1. How does this training support the facility Business Goals/objectives? 2. How does it support the business goals/objectives of The Department/Unit/Project? 3. How critical is this course for Job Performance? critical Highly critical Required Good to have 4. Do any of your employees currently have the Requested Skills/knowledge? NO YES If Yes please indicate who has this skill and his contact number for mentoring requirements:		1. مهارة معرفة أو سلوك الرجاء تعبئة الاستبيان بواسطة المسؤول قبل المشاركة في الدورة التدريبية المقترحة. 1. كيف يدعم هذا التدريب أهداف وقياسات المؤسسة المستهدفة؟ 2. كيف يدعم هذا التدريب أهداف وقياسات القسم/الوحدة المستهدفة؟ 3. ما مدى أهمية هذه الدورة لاداء الوظيفة؟ من الجيد الحصول عليها مطلوب 4. هل لدى أي من موظفيك حاليا المهارات / المعرفة المطلوبة؟ إذا كانت الإجابة بنعم ، يرجى الإشارة إلى من لديه هذه المهارة ورقم الاتصال به متطلبات التوجيه
	Mobile No. رقم الجوال Employee No. Employee No. Name. Name. Name.		

4. PROCEDURE:

- 4.1 Conduct initial assessment using the TRAINING NEEDS ANALYSIS FORM which provides questions to assist in determining whether or not training is needed.
- 4.2 If training is needed, then determine whether training programs exist.
- 4.3 If training is required and programs do not exist, then develop a training program using TRAINING NEEDS ANALYSIS FORM as a guide.
- 4.4 Develop training budget and secure training funds.
- 4.5 Implement training.
- 4.6 Evaluate training effectiveness.

5. MATERIALS AND EQUIPMENT:

- 5.1 NA

6. RESPONSIBILITIES:

- 6.1 Department Head
- 6.2 Supervisors/Managers
- 6.3 Education and Training Affairs Director
- 6.4 Employee

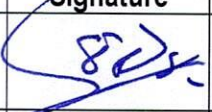

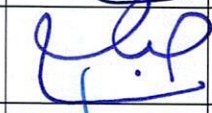



7. APPENDICES:

- 7.1 TRAINING NEEDS ANALYSIS FORM

8. REFERENCES:

- 8.1 CBAHI Resources manual.
- 8.2 King Saud Medical Complex/Academic & Training Affairs 2010

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Maha Al Mutrafy	Training & Continues Education Director		January 05 2025
Reviewed by:	Mr. Fahid Mushanif Al Dhafiri	Human Resources Director		January 07, 2025
Reviewed by:	Mr. Sabah Turayhib Al - Harbi	Director of Nursing		January 08, 2025
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 09, 2025
Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 12, 2025
Approved by:	Mr. Fahad Hazam Al Shammari	Hospital Director		January 19, 2025