

Suturing Assessment Report - 215_Simple Interrupted.m4v

Video File: 215_Simple Interrupted.m4v

Suture Type: Simple Interrupted

Assessment Date: 2025-07-16_181545

Assessment Results:

1) Passes needle perpendicular to skin on both sides of skin

2/5 substandard

****Justification:**** The needle is consistently passed at an oblique angle, often deviating more than 20° from perpendicular. This pattern of oblique entry and exit is observed on both sides of the incision for all stitches shown.

2) Avoids multiple forceps grasps of skin

5/5 exemplary

Justification: Each skin edge is consistently grasped once with the forceps and held steady for needle passage. No instances of regrasping or repositioning were observed.

3) Instrument ties with square knots

4/5 proficient

4) Approximates skin with appropriate tension

3/5 competent

Justification: The skin edges are generally brought together. However, several sutures, particularly at the superior end of the incision, exhibit puckering and slight inversion of the skin edges. This indicates inconsistent tension, with some throws being overly tight and compressing the tissue.

5) Places sutures 0.5 - 1.0 centimeters apart

3/5 competent

Justification: The spacing between sutures shows some variability. Sutures in the upper half of the incision are placed closer together compared to those in the lower half, which are more widely spaced. While there are no large gaps or areas of significant crowding, the overall distribution is not uniform.

6) Eversion of the skin edges

3/5 competent

Justification: The skin edges are brought together flatly along the length of the closure. There is a consistent lack of eversion, where the edges should be slightly rolled outward. This flat approximation is a suboptimal position for healing and may result in an inverted scar.

7) Economy of time and motion

3/5 competent

Final Score: 3/5 competent

Summative Comment:

Your technique demonstrates a strong foundation, particularly with your consistent, gentle handling of the skin edges and your proficiency in tying secure, square instrument knots. The next critical step to advance your skill is to focus on the needle's trajectory as it passes through the tissue. Throughout the closure, the needle was observed to enter at an oblique angle, which resulted in a flat approximation of the wound edges and, in areas of higher tension, some puckering and inversion. To correct this, concentrate on rotating your wrist to drive the needle perpendicularly into the skin at a 90-degree angle. By taking a deeper bite that follows a wide, curved path beneath the dermis—often described as a "far-far, near-near" placement relative to the wound edges—you will find that the skin edges naturally evert slightly. This eversion is the ideal orientation for healing, and it will also give you more precise control over tension, allowing you to approximate the edges evenly without compressing the tissue. Mastering this perpendicular needle pass will build directly upon your existing skills to significantly improve the final quality and consistency of your closures.