

SURGICAL VERIFICATION OF PROFICIENCY

Suturing Technique Assessment Report

Suture Pattern: Subcuticular
Assessment Date: September 04, 2025

Assessment Result

3.1 - competent

Assessment Results

1. Consistent dermal bites (running path)

Score: 2/5 (Minimal Pass / Basic Competent)

Bite depth and spacing are generally consistent, but most of the closure is trans-epidermal interrupted with only a brief tangential subcuticular segment at the end, so there is no continuous intradermal running track. This mixed approach falls short of a true subcuticular run.

2. Opposing entry/exit symmetry

Score: 3/5 (Developing Pass / Generally Reliable)

Entries are perpendicular with mirrored, shallow bites that bring edges together in a straight line. Minor variability during near-to-far/far-to-near transitions prevents this from being exemplary.

3. No unintended surface breaches

Score: 3/5 (Developing Pass / Generally Reliable)

Needle passages are controlled with no stray punctures or skiving, and the suture is kept off the field. However, reliance on transcutaneous interrupted stitches inherently introduces epidermal punctures that a subcuticular technique would avoid.

4. Gentle tissue handling

Score: 4/5 (Proficient)

Pickups grasp only the dermal margin with light eversion, the needle is followed in a smooth arc without levering, and tensioning is in line without blanching. Tissue respect is consistently good with single, purposeful grasps per bite.

5. Square, secure knots

Score: 3/5 (Developing Pass / Generally Reliable)

Instrument ties are seated neatly with a controlled standing limb and appropriately trimmed tails. The running finish relies on a locking throw rather than a buried or Aberdeen-style termination, and knots sit at the margin, limiting security and cosmesis for a subcuticular closure.

6. Flat, well-approximated skin

Score: 4/5 (Proficient)

Edges are uniformly approximated with slight, controlled eversion and no visible gapping or ridging, producing a tidy final line. Tension is well modulated along the length.

7. Economy of time and motion

Score: 3/5 (Developing Pass / Generally Reliable)

Hands remain in the field, loop management is deliberate, and efficiency improves as the sequence progresses. Repeated tie-trim cycles and occasional two-holder reloading add avoidable steps relative to a continuous intracuticular run. Summative assessment Commit to a single closure strategy: for a subcuticular technique, anchor with a buried dermal knot at the start and run tangential, intradermal bites of equal length and depth the full length, avoiding perpendicular transcutaneous entries except for planned anchors. Maintain the needle tangential to the dermal shelf and standardize spacing (e.g., 3–5 mm) using consistent wrist-driven arcs; mark the skin or use the suture as a ruler to enforce symmetry. Finish with an Aberdeen or buried intracuticular termination (or externalize and secure with adhesive reinforcement) rather than a surface knot or isolated locking throw. Reduce instrument exchanges by reloading with one holder when possible and eliminate tie-trim after each pass by using a true continuous run; keep to a single, light pickup grasp per bite and continue the good habit of in-line tensioning without blanching.

Final Assessment

Final Score: 3 - Developing Pass / Generally Reliable

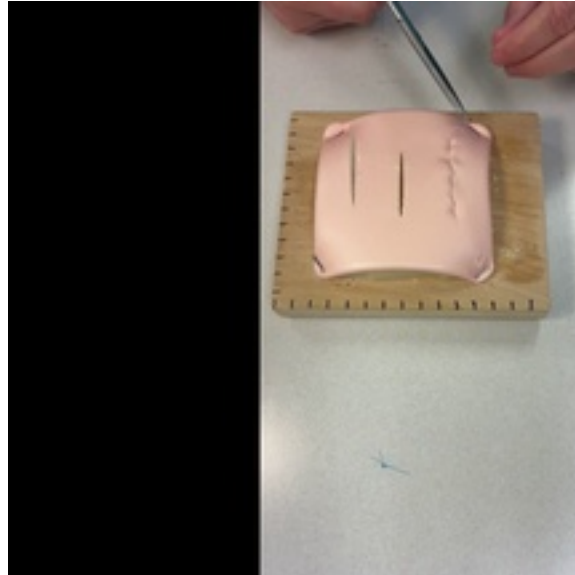
Summative Comment:

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Finish with an Aberdeen or buried intracuticular termination (or externalize and secure with adhesive reinforcement) rather than a surface knot or isolated locking throw. Reduce instrument exchanges by reloading with one holder when possible and eliminate tie-trim after each pass by using a true continuous run; keep to a single, light pickup grasp per bite and continue the good habit of in-line tensioning without blanching.

Visual Assessment

Learner Performance



Gold Standard Reference



Video Analysis Narrative

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3. No unintended surface breaches Needle passages are controlled with no stray punctures or skiving, and the suture is kept off the field. However, reliance on transcutaneous interrupted stitches inherently introduces epidermal punctures that a subcuticular technique would avoid.
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