

Surgical VOP Assessment Report

Video: 2507_vertical_mattress.mp4

Pattern: Vertical Mattress

Rubric Assessment

1. Correct deep (far-far) and superficial (near-near) passes

Deep (far■far) and superficial (near■near) components were executed with perpendicular needle trajectories and consistent layer capture, producing reliable support and epidermal approximation. Passes are symmetric and oriented appropriately to the wound edges.

Score: 3/5 - Competent

2. Gentle tissue handling

Tissue handling was atraumatic and precise; forceps grasped only the dermal/epidermal margin with minimal manipulation and no evidence of crushing or repeated clamping. Single precise grasps and controlled eversion were maintained throughout.

Score: 4/5 - Proficient

3. Square, secure knots

Knots were square and secure with appropriate tensioning technique; knot placement was consistent and there was no evidence of loosening or over■tightening across the line.

Score: 3/5 - Competent

4. Balanced tension deep vs superficial

Tension balance between the deep supporting pass and the superficial closure was well controlled — deep support without tissue strangulation and superficial bites provided gentle epidermal apposition.

Score: 3/5 - Competent

5. Even spacing (0.5-1.0 cm)

Spacing between sutures was uniform and within the 0.5–1.0 cm target, resulting in an even, continuous closure.

Score: 4/5 - Proficient

6. Proper eversion

Eversion of the skin edges was consistently achieved across the incision, producing a slight raised ridge without inversion or puckering.

Score: 4/5 - Proficient

7. Economy of time and motion

Motion economy was good — hands and instruments remained close to the wound with efficient progression and limited off■field movements; minor re■grips occurred early but efficiency improved.

Score: 3/5 - Competent

Average Score: 3.4/5

Summative Assessment:

The closure demonstrates proficient vertical mattress execution with symmetric passes, consistent spacing, and effective eversion. Tissue handling is excellent, with precise forceps use and controlled needle work producing uniform edge apposition and no evidence of strangulation. Knots are secure and appropriately placed, maintaining tension without compromising perfusion. Overall the operator shows efficient, disciplined technique with improving economy of motion as the row progressed. The balance between deep support and superficial epidermal closure is well managed, yielding a tidy, reliable approximation appropriate for clinical skin closure.