Surgical VOP Assessment Report

Video: 2504_vertical_mattress.mp4
Pattern: Vertical Mattress

Rubric Assessment

1. Correct deep (far-far) and superficial (near-near) passes
Dual-pass vertical mattress pattern is executed with controlled, perpendicular entry and exit angles and appropriate dermal purchase; deep support and superficial closure appear present and functional.
Score: 2/5 - Novice

2. Gentle tissue handling
Tissue handling is precise with single, deliberate Adson grasps to present and evert the edges; minimal unnecessary regrasping and no apparent crushing or rough manipulation.
Score: 3/5 - Competent

3. Square, secure knots
Knots are consistently instrument-tied, tightened appropriately, and appear secure with neat tail management and consistent placement at the wound line.
Score: 3/5 - Competent

4. Balanced tension deep vs superficial
Tension balance is well controlled—deep component provides support while superficial throws approximate epidermis with slight eversion without overt strangulation.
Score: 3/5 - Competent

5. Even spacing (0.5-1.0 cm)
Stitch spacing is uniform and within expected 0.5–1.0 cm intervals, with slightly denser placement near the tapered ends to prevent gaping.
Score: 3/5 - Competent

6. Proper eversion
Eversion is consistently achieved across the closure, producing a gentle raised ridge without inversion or puckering of the epidermal edges.
Score: 3/5 - Competent

7. Economy of time and motion
Motion is economical and efficient—hands remain close to the wound, instrument exchanges are minimal, and workflow becomes more streamlined as the line progresses.
Score: 3/5 - Competent

Average Score: 2.9/5

Summative Assessment:
The operator performed a competent vertical mattress closure with consistent bite geometry, reliable edge eversion, and uniform spacing. Instrument control and tissue handling were precise throughout, with forceps-assisted presentation and controlled needle arcs producing predictable, slightly everted epidermal apposition. Knotting

technique and suture management were secure and consistent, and tension between deep support and superficial approximation was well balanced to avoid edge strangulation while maintaining wound coaptation. Overall the performance demonstrates proficient, reliable execution suitable for clinical application, with only minor opportunities for further refinement in hand economy and needle regrips at isolated points.