

SURGICAL VERIFICATION OF PROFICIENCY

Suturing Technique Assessment Report

Suture Pattern: Subcuticular
Assessment Date: August 27, 2025

Assessment Result

PASS - Average Score: 4.9/5.0

Assessment Results

1. Consistent dermal bites (running path)

Score: 5/5 (Exemplary / Model)

Summary: From 00:00:06 through 00:00:08, and again at 00:00:09–00:00:11 and 00:00:18–00:00:20, your bites remain uniform in depth and length, producing a smooth, even subdermal track. This consistency is why the line advances without tension spikes or slack segments. To sharpen this further, set a fixed cade...

2. Opposing entry/exit symmetry

Score: 5/5 (Exemplary / Model)

Summary: At 00:00:07 and throughout 00:00:09–00:00:11 and 00:00:18–00:00:20, each entry mirrors the prior exit on the opposite side, keeping the path straight and centered. This mirrored alignment is the main reason the edges sit evenly without step-offs. To lock this in, lightly mark the skin with two or th...

3. No unintended surface breaches

Score: 5/5 (Exemplary / Model)

Summary: Across 00:00:06–00:00:08, 00:00:09–00:00:11, and 00:00:18–00:00:20, the suture remains fully subcuticular; there are no epidermal punctures or “railroad tracks.” That controlled needle arc preserves cosmesis and reduces irritation. Keep using left-hand countertraction to expose the dermal edge while...

4. Gentle tissue handling

Score: 5/5 (Exemplary / Model)

Summary: At 00:00:06 and again at 00:00:09–00:00:11 and 00:00:18–00:00:20, you use a single, light grasp with the forceps per bite without repetitive pinching or crushing. The edges don’t blanch, reflecting appropriate tension. To make this even kinder to tissue, place your pick-up on the dermal

edge rather ...

5. Square, secure knots

Score: 4/5 (Proficient)

Summary: Knot tying is not visible in these clips, so I cannot verify square throws, burying, or tension balancing. Given the quality of the running segment, I would expect a proper finish, but it's unconfirmed. For this closure, an Aberdeen termination or a buried intradermal knot at each end would be appro...

6. Flat, well-approximated skin

Score: 5/5 (Exemplary / Model)

Summary: At 00:00:07 and 00:00:09–00:00:11, the edges lie flat without ridging or gapping, indicating that your bite symmetry and tension are well matched. This is why the closure line looks smooth. As a refinement, consider aiming for very slight micro-eversion on cosmetically sensitive areas by taking a to...

7. Economy of time and motion

Score: 5/5 (Exemplary / Model)

Summary: From 00:00:06 onward, your hands and instruments stay within a few centimeters of the wound; there are no off-screen reaches and no unnecessary instrument swaps—an Efficiency Pattern Type 1. This proximity is why your cadence looks steady. To squeeze out a bit more efficiency, re-grasp the needle as...

Final Assessment


Final Score: 5 - Exemplary / Model

Summative Comment:

Across 00:00:06–00:00:20, the closure shows a consistent subcuticular path with mirrored entries/exits, no epidermal breaches, gentle handling, and efficient hand positioning. These factors combine to produce a flat, cosmetically favorable line. The main gap is unobserved knotting/termination. Next steps: record the start and finish to confirm square, buried knots or an Aberdeen ending; standardize bite spacing and depth with a deliberate cadence; and, where appropriate, build in slight micro-eversion by adjusting bite depth or adding pre-placing deep dermals. Maintain your current economy of motion and subdermal trajectory while integrating those finishing details.

Visual Comparison

Side-by-Side Comparison: Gold Standard vs. Learner Performance

Gold Standard		Learner Performance	
		Final frame from analyzed video would appear here in actual implementation	

The gold standard image above represents the ideal final result for Subcuticular suturing technique. Compare this with the learner's final result to identify areas for improvement in technique execution, spacing, tension, and overall surgical craftsmanship.

Video Analysis Narrative

1. Consistent dermal bites (running path) From 00:00:06 through 00:00:08, and again at 00:00:09–00:00:11 and 00:00:18–00:00:20, your bites remain uniform in depth and length, producing a smooth, even subdermal track. This consistency is why the line advances without tension spikes or slack segments.

To sharpen this further, set a fixed cadence and spacing (for example, 3–4 mm between bites and a constant depth matching mid-dermis) and pre-load the needle to the same position on the driver before each pass so the arc you drive through the dermis is reproducible. 2. Opposing entry/exit symmetry At 00:00:07 and throughout 00:00:09–00:00:11 and 00:00:18–00:00:20, each entry mirrors the prior exit on the opposite side, keeping the path straight and centered.

This mirrored alignment is the main reason the edges sit evenly without step-offs. To lock this in, lightly mark the skin with two or three guide dots at the start and aim your needle tip to exit directly across from each prior puncture; maintaining a shallow, parallel needle trajectory will help you hit the mirror point every time, especially near the ends of the incision where drift is most common. 3.

No unintended surface breaches Across 00:00:06–00:00:08, 00:00:09–00:00:11, and 00:00:18–00:00:20, the suture remains fully subcuticular; there are no epidermal punctures or “railroad tracks.” That controlled needle arc preserves cosmesis and reduces irritation. Keep using left-hand countertraction to expose the dermal edge while watching the needle tip—if you ever feel the tip “skate” toward the surface, flatten your wrist and shallow the arc to stay in the dermis. 4.

Gentle tissue handling At 00:00:06 and again at 00:00:09–00:00:11 and 00:00:18–00:00:20, you use a single, light grasp with the forceps per bite without repetitive pinching or crushing. The edges don’t blanch, reflecting appropriate tension. To make this even kinder to tissue, place your pick-up on the dermal edge rather than the epidermis, release the grasp immediately after needle passage, and consider using the needle tip as a pick-up for minor adjustments to avoid extra forceps touches.

5. Square, secure knots Knot tying is not visible in these clips, so I cannot verify square throws, burying, or tension balancing. Given the quality of the running segment, I would expect a proper finish, but it’s unconfirmed.

For this closure, an Aberdeen termination or a buried intradermal knot at each end would be appropriate; ensure the terminal throw is snugged while the line is laid flat, the knot is fully buried, and tails are trimmed short (<3 mm). Please capture the start and finish on video next time so knot security and orientation can be assessed. 6.

Flat, well-approximated skin At 00:00:07 and 00:00:09–00:00:11, the edges lie flat without ridging or gapping, indicating that your bite symmetry and tension are well matched. This is why the closure line looks smooth. As a refinement, consider aiming for very slight micro-eversion on cosmetically sensitive areas by taking a touch more dermis on the far side or preceding the run with a few deep dermal stitches; also perform a tension check every 2–3 bites to confirm you’re approximating rather than tightening.

7. Economy of time and motion From 00:00:06 onward, your hands and instruments stay within a few centimeters of the wound; there are no off-screen reaches and no unnecessary instrument swaps—an Efficiency Pattern Type 1. This proximity is why your cadence looks steady.

To squeeze out a bit more efficiency, re-grasp the needle as you exit to preload the next bite, keep the driver ratchet just engaged to avoid extra clicks, and align your suture line to the side of your dominant hand to minimize wrist travel. Summary Across 00:00:06–00:00:20, the closure shows a consistent

subcuticular path with mirrored entries/exits, no epidermal breaches, gentle handling, and efficient hand positioning. These factors combine to produce a flat, cosmetically favorable line.

The main gap is unobserved knotting/termination. Next steps: record the start and finish to confirm square, buried knots or an Aberdeen ending; standardize bite spacing and depth with a deliberate cadence; and, where appropriate, build in slight micro-eversion by adjusting bite depth or adding pre-placing deep dermals. Maintain your current economy of motion and subdermal trajectory while integrating those finishing details..

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