Surgical VOP Assessment Report

Video: 2504_simple_interrupted.mp4

Pattern: Simple Interrupted

Rubric Assessment

1. Perpendicular needle passes

Needle entries were performed with a controlled perpendicular approach and symmetric bites on both sides, producing consistent right■angle passes with minimal shear.

Score: 4/5 - Proficient

2. Gentle tissue handling

Tissue handling was atraumatic with a single, precise toothed forceps grasp for edge presentation and no evidence of repeated crushing.

Score: 4/5 - Proficient

3. Square, secure knots

Knots were consistently secured and tails trimmed; knot morphology appeared appropriately tightened and flat on inspection, deserving benefit of the doubt for square configuration.

Score: 3/5 - Competent

4. Appropriate approximation/tension

Wound edges were well approximated without gapping or excessive blanching; slight intended eversion present but no overt puckering.

Score: 4/5 - Proficient

5. Even spacing (0.5-1.0 cm)

Sutures were placed at uniform intervals along the length of the incision, demonstrating even spacing within the acceptable range.

Score: 4/5 - Proficient

6. Proper dermal and epidermal apposition

Dermal and epidermal layers were aligned appropriately with mild eversion at stitch sites, producing good tissue apposition overall.

Score: 4/5 - Proficient

7. Economy of time and motion

Hand and instrument positioning remained close to the work area with controlled, economical motions; there were brief pauses and occasional off
field repositioning but no inefficiency that compromised flow.

Score: 3/5 - Competent

Average Score: 3.7/5

Summative Assessment:

The operator executed a methodical, competent series of simple interrupted skin sutures with excellent hand–instrument coordination. Needle handling was precise and repeatable, forceps use was judicious, and knots were consistently tied and trimmed, producing a neat, well

approximated closure with slight eversion appropriate for skin. Movements

were economical and focused, maintaining a stable working geometry throughout the case. Minor inefficiencies consisted of brief pauses for repositioning and intermittent non instrumented assessments, but these did not degrade technical quality. Overall this is a reliable, reproducible performance demonstrating sound technique and effective operative flow suitable for superficial skin closure.