Surgical VOP Assessment Report

Video: 2515_simple_interrupted.mp4

Pattern: Simple Interrupted

Rubric Assessment

1. Perpendicular needle passes

Needle entries and exits were performed at near right angles with symmetric, small margin bites producing minimal shear. Passes were controlled and perpendicular or only slightly oblique throughout.

Score: 3/5 - Competent

2. Gentle tissue handling

Tissue was handled with single, precise toothed forceps grasps to evert the edge before each pass without apparent repetitive crushing or excess manipulation.

Score: 3/5 - Competent

3. Square, secure knots

Knots were consistently seated, flat and secure with appropriate tightening; knot technique produced reliable fixation of each stitch.

Score: 3/5 - Competent

4. Appropriate approximation/tension

Wound edges met cleanly with mild eversion and no visible blanching, gapping, or overtightening along the closure.

Score: 4/5 - Proficient

5. Even spacing (0.5-1.0 cm)

Stitch intervals were uniform and evenly distributed along the incision, consistent with the 0.5–1.0 cm target spacing.

Score: 4/5 - Proficient

6. Proper dermal and epidermal apposition

Dermal and epidermal layers were well apposed with slight eversion at each bite, achieving appropriate layer alignment for skin closure.

Score: 4/5 - Proficient

7. Economy of time and motion

Hands and instruments remained within a compact working space with minimal extraneous movement; occasional brief single hand activity occurred but did not compromise efficiency.

Score: 3/5 - Competent

Average Score: 3.4/5

Summative Assessment:

The operator executed a reproducible, high quality simple interrupted skin closure. Hand coordination was deliberate and bimanual control was maintained: forceps consistently everted the margin while the driver placed controlled, perpendicular passes and secured knots with reliable technique. The sequence progressed logically along the incision with

steady instrument proximity and minimal wasted motion. The final closure demonstrates even spacing, appropriate bite depth, good dermal/epidermal apposition with mild eversion, and secure knotting without excess tension. Overall competence is strong; continued attention to maintaining identical needle grip when switching hands and avoiding any brief lapses in instrument visibility will further polish an already sound technique.