Suturing Assessment Report - 117_Simple Interrupted.m4v

Video File: 117_Simple Interrupted.m4v

Suture Type: Simple Interrupted

Assessment Date: 2025-07-16_174132

Assessment Results:

1) Passes needle perpendicular to skin on both sides of skin

5/5 exemplary

Justification: Across all observed stitches, needle passes were consistently perpendicular (approximately 90°) to the skin surface on both entry and exit.

2) Avoids multiple forceps grasps of skin

5/5 exemplary

The operator consistently uses a single, precise forceps grasp for each skin edge on every stitch. No regrasping or repositioning is required, demonstrating excellent tissue handling and control.

3) Instrument ties with square knots

4/5 proficient

Justification: The practitioner consistently ties secure, flat-lying square knots on top of a surgeon's knot base. Throws are consistently performed in opposite directions, resulting in proper knot configuration with no slippage. Tension is applied appropriately and evenly across all knots.

4) Approximates skin with appropriate tension

4/5 proficient

Justification: The skin edges are well-approximated with no visible gaping. There is minimal puckering at the suture points, indicating the tension is slightly high but generally appropriate.

5) Places sutures 0.5 - 1.0 centimeters apart

4/5 proficient

Justification: The two visible sutures are spaced appropriately, with the interval appearing to be within the target 0.5-1.0 cm range. Based on the limited view, the distribution is uniform, and there is no evidence of crowding or gapping.

6) Eversion of the skin edges

1/5 poor

The skin edges are not everted. The edges appear inverted, creating a visible depression along the incision line, which is a poor position for optimal healing.

7) Economy of time and motion

3/5 competent

Final Score: 4/5 proficient Summative Comment:

This performance demonstrates a strong foundation in suture technique, characterized by proficient instrument control and economy of motion. Your needle is consistently driven perpendicular to the skin, you handle the tissue gently with single, precise forceps grasps, and the resulting sutures are well-spaced and secured with properly configured square knots, leading to good overall approximation of the wound. The primary area for refinement, and the key to elevating this skill to the next level, is in the final orientation of the skin edges. The edges are currently inverted, creating a visible depression along the incision line that can negatively impact healing. To correct this, focus on actively everting the skin edges by using your forceps to gently lift and roll the dermal edge slightly outward just before each needle pass, ensuring that when the suture is tied, the epidermal surfaces meet in a slightly raised position. Given your already proficient tissue handling and knot security, concentrating on this specific maneuver is an achievable next step that will significantly improve the long-term healing and cosmetic result of your closures.