

# SURGICAL VERIFICATION OF PROFICIENCY

## Suturing Technique Assessment Report

**Suture Pattern:** Vertical Mattress

**Assessment Date:** September 03, 2025

### Assessment Result

**PASS - Average Score: 3.0/5.0**

### Assessment Results

#### 1. Correct deep (far-far) and superficial (near-near) passes

**Score: 3/5 (Developing Pass / Generally Reliable)**

Across the procedure, needle entries were consistently perpendicular with symmetric far-far bites providing deep support and near-near bites approximating the epidermis. Both passes were repeatedly demonstrated in sequence with no evident skiving, bite drift, or mismatched depths, maintaining a reliable vertical mattress pattern from start to finish.

#### 2. Gentle tissue handling

**Score: 3/5 (Developing Pass / Generally Reliable)**

Tissue was handled with single, deliberate pickups per edge, avoiding repetitive grasping or crush. Forceps use was restrained and purposeful, with no visible tearing or blanching, and needle driving did not lever on tissue.

#### 3. Square, secure knots

**Score: 3/5 (Developing Pass / Generally Reliable)**

Knot sequences appeared square when partially visible and were laid with appropriate direction changes; tails and loops did not suggest slippage. However, several knots were obscured or only partially visualized, limiting full confirmation of consistency across every throw.

#### 4. Balanced tension deep vs superficial

**Score: 3/5 (Developing Pass / Generally Reliable)**

Deep bites were set to provide firm support without strangulation, and superficial throws approximated without epidermal blanching or step-off. No segment showed gapping, dog-ears, or puckering attributable to tension imbalance.

#### 5. Even spacing (0.5-1.0 cm)

### **Score: 3/5 (Developing Pass / Generally Reliable)**

Stitch placement progressed in a uniform cadence with consistent interstitch distances and mirrored bite widths, maintaining the target 0.5–1.0 cm range along the length of the wound. No crowding or wide gaps were evident.

### **6. Proper eversion**

#### **Score: 3/5 (Developing Pass / Generally Reliable)**

Closure consistently demonstrated a subtle raised ridge with clear edge eversion and no inversion. Eversion was preserved across consecutive stitches, including at transitions, without loss of alignment.

### **7. Economy of time and motion**

#### **Score: 3/5 (Developing Pass / Generally Reliable)**

Hands stayed close to the field with efficient needle reloads and minimal instrument wandering. A few minor departures occurred but did not interrupt flow; movements were generally direct, with limited redundancy.

## **Final Assessment**

### **Final Score: 3 - Developing Pass / Generally Reliable**

#### **Summative Comment:**

No segment showed gapping, dog-ears, or puckering attributable to tension imbalance. In aggregate, the work reflects solid, independent performance with consistent fundamentals integrated into a coherent technique suitable for dependable wound closure. Knot sequences appeared square when partially visible and were laid with appropriate direction changes; tails and loops did not suggest slippage.

Stitch placement progressed in a uniform cadence with consistent interstitch distances and mirrored bite widths, maintaining the target 0.5–1.0 cm range along the length of the wound. Both passes were repeatedly demonstrated in sequence with no evident skiving, bite drift, or mismatched depths, maintaining a reliable vertical mattress pattern from start to finish.

Knot construction, when seen, appeared square and appropriately tensioned, though incomplete visualization across the case prevents declaring uniformly exemplary knot quality. The closure achieved functional goals without visible inversion, gapping, or tension-related distortion, reflecting a competent grasp of force modulation between deep support and superficial approximation. While efficiency was strong, small hand departures and partial knot visibility temper a higher endorsement.

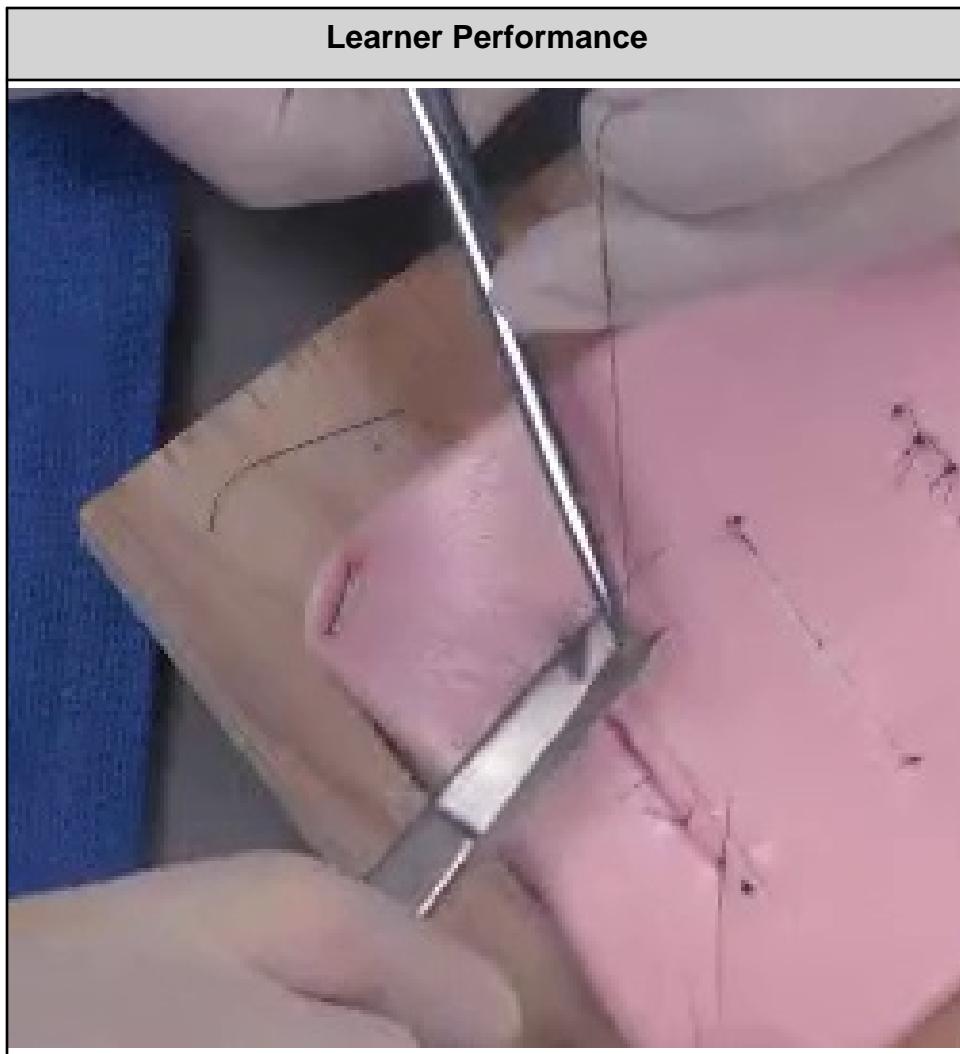
This was a reliable vertical mattress closure characterized by consistent perpendicular needle control, restrained tissue handling, and a steady rhythm of evenly spaced stitches producing durable eversion. Across the procedure, needle entries were consistently perpendicular with symmetric far-far bites providing deep support and near-near bites approximating the epidermis. Tissue was handled with single, deliberate pickups per edge, avoiding repetitive grasping or crush.

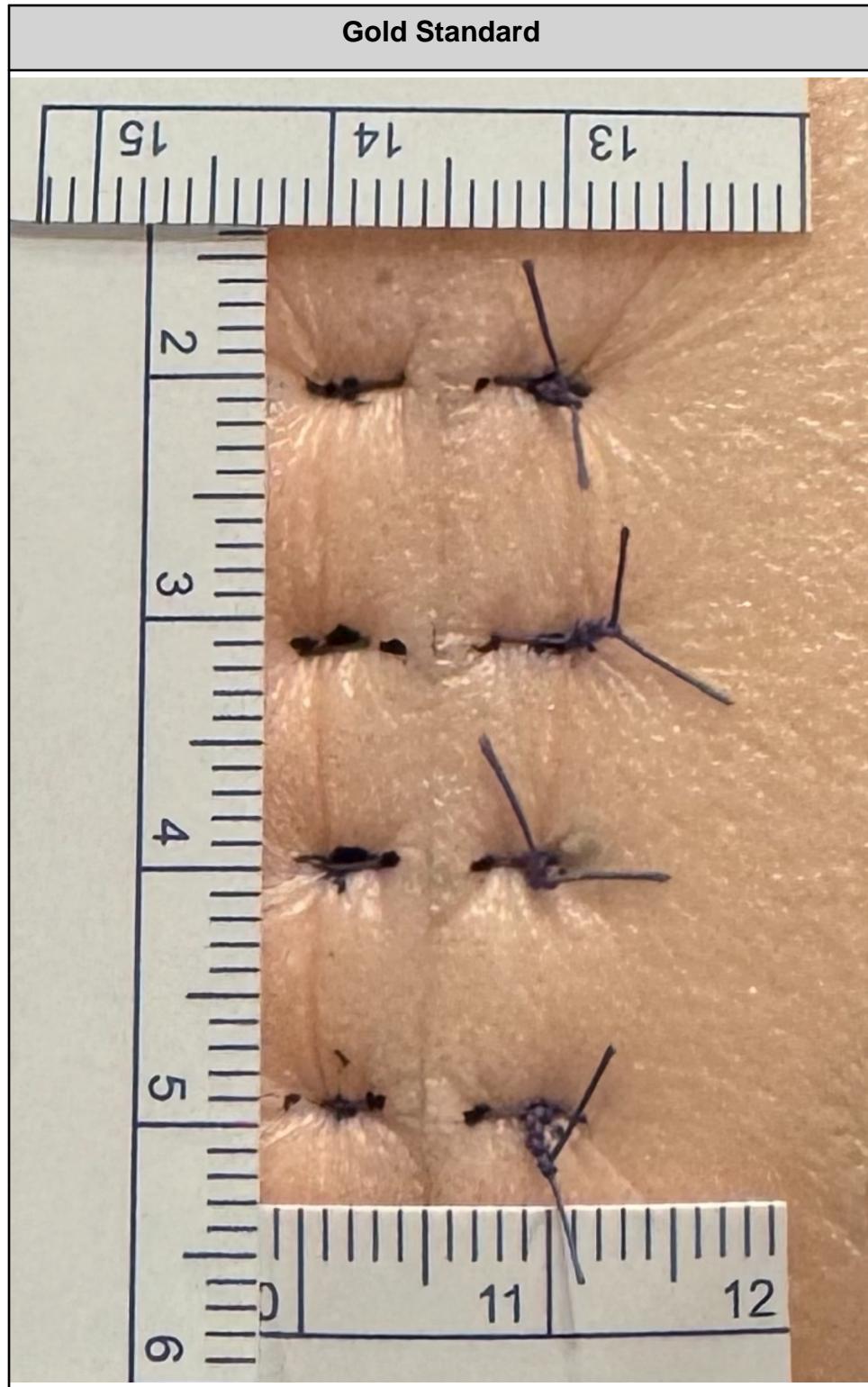
Forceps use was restrained and purposeful, with no visible tearing or blanching, and needle driving did not lever on tissue. Deep bites were set to provide firm support without strangulation, and superficial throws approximated without epidermal blanching or step-off. No crowding or wide gaps were evident.

Closure consistently demonstrated a subtle raised ridge with clear edge eversion and no inversion.

## Visual Comparison

Learner Performance vs. Gold Standard Comparison





Compare the learner's final result (top) with the gold standard (bottom) for Vertical Mattress suturing technique. The learner image has been automatically cropped to focus on the suturing pad area for optimal comparison. Evaluate technique execution, spacing, tension, and overall surgical craftsmanship.