

SURGICAL VERIFICATION OF PROFICIENCY

Suturing Technique Assessment Report

Suture Pattern: Vertical Mattress

Assessment Date: September 04, 2025

Assessment Result

FAIL - REMEDIATION - Requires additional training

Assessment Results

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

Score: 1/5 (Remediation / Unsafe)

Summary: Summative assessment: Your execution demonstrates clean, atraumatic simple interrupted closure, but it does not demonstrate the vertical mattress technique you were tasked to perform. To correct this, execute a true far-far/near-near sequence: take symmetric deep bites 5–8 mm from each edge with ful...

2. Gentle tissue handling

Score: 4/5 (Proficient)

Summary: Summative assessment: Your execution demonstrates clean, atraumatic simple interrupted closure, but it does not demonstrate the vertical mattress technique you were tasked to perform. To correct this, execute a true far-far/near-near sequence: take symmetric deep bites 5–8 mm from each edge with ful...

3. Square, secure knots

Score: 4/5 (Proficient)

Summary: Summative assessment: Your execution demonstrates clean, atraumatic simple interrupted closure, but it does not demonstrate the vertical mattress technique you were tasked to perform. To correct this, execute a true far-far/near-near sequence: take symmetric deep bites 5–8 mm from each edge with ful...

4. Balanced tension deep vs superficial

Score: 2/5 (Minimal Pass / Basic Competent)

Summary: Summative assessment: Your execution demonstrates clean, atraumatic simple interrupted closure, but it does not demonstrate the vertical mattress technique you were tasked to perform. To correct this, execute a true far-far/near-near sequence: take symmetric deep bites 5–8 mm from each

edge with ful...

5. Even spacing (0.5-1.0 cm)

Score: 4/5 (Proficient)

Summary: Summative assessment: Your execution demonstrates clean,atraumatic simple interrupted closure, but it does not demonstrate the vertical mattress technique you were tasked to perform. To correct this, execute a true far-far/near-near sequence: take symmetric deep bites 5–8 mm from each edge with ful...

6. Proper eversion

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

Summary: Summative assessment: Your execution demonstrates clean,atraumatic simple interrupted closure, but it does not demonstrate the vertical mattress technique you were tasked to perform. To correct this, execute a true far-far/near-near sequence: take symmetric deep bites 5–8 mm from each edge with ful...

7. Economy of time and motion

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

Summary: Summative assessment: Your execution demonstrates clean,atraumatic simple interrupted closure, but it does not demonstrate the vertical mattress technique you were tasked to perform. To correct this, execute a true far-far/near-near sequence: take symmetric deep bites 5–8 mm from each edge with ful...

Final Assessment

Final Score: 3 - Developing Pass / Generally Reliable

Summative Comment:

7. Economy of time and motion: The load-present-drive rhythm was generally efficient, but frequent needle transfers and occasional departures from the field for resets introduced avoidable motion. Overall economy is competent with room to tighten choreography.

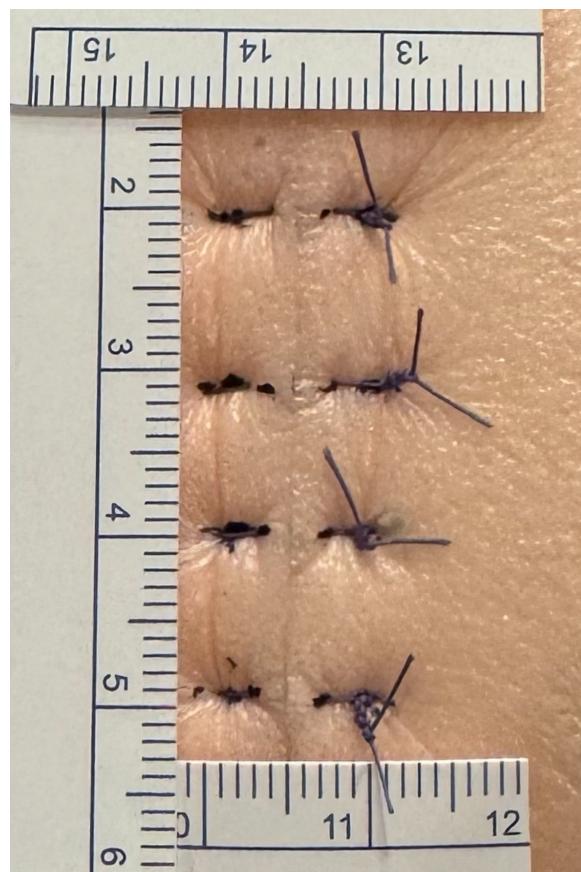
Score: 3 Summative assessment:

Visual Assessment

Learner Performance

Video not available for final product extraction

Gold Standard Reference



Video Analysis Narrative

1. Correct deep (far-far) and superficial (near-near) passes: The operator placed single-pass, perpendicular simple interrupted stitches with immediate tying, showing no far-far then near-near sequence or layered depth change. This misses the core requirement of the vertical mattress and is a major deficiency.

Score: 1 2. Gentle tissue handling: Forceps were used sparingly and precisely, hovering within millimeters to provide countertraction without crush, and tissue was not grasped during loading. This reflects atraumatic, disciplined handling with minimal, purposeful contacts.

Score: 4 3. Square, secure knots: Two-instrument ties were laid flat and square, advanced deliberately, and seated directly over the wound with tidy, short tails, indicating reliable knot security. Knot setting was controlled and consistent throughout.

Score: 4 4. Balanced tension deep vs superficial: Without a vertical mattress far-far loop, there was no deep supporting component and knots were tightened over the incision, leaving the superficial layer to bear the load. Approximation looked gentle, but the lack of layered tension control is below standard for this technique.

Score: 2 5. Even spacing (0.5–1.0 cm): Sutures were laid in a uniform pattern with marking assistance and consistent respect for prior spacing, producing a tidy, evenly distributed line. This meets expectations for skin spacing.

Score: 4 6. Proper eversion: Edges were gently everted with forceps and avoided inversion, but there was not the pronounced, continuous ridge characteristic of a true vertical mattress. Eversion appears adequate rather than robust.

Score: 3 7. Economy of time and motion: The load-present-drive rhythm was generally efficient, but frequent needle transfers and occasional departures from the field for resets introduced avoidable motion. Overall economy is competent with room to tighten choreography.

Score: 3 Summative assessment: Your execution demonstrates clean, atraumatic simple interrupted closure, but it does not demonstrate the vertical mattress technique you were tasked to perform. To correct this, execute a true far-far/near-near sequence: take symmetric deep bites 5–8 mm from each edge with full-thickness dermal purchase, then return for near bites 1–2 mm from the edge capturing only superficial dermis, and tie laterally to preserve eversion and avoid strangulating epidermis. Balance tension by snugging the far pass first to offload the wound, then gently set the near pass just enough to coapt without blanching; the near loop should never carry the primary tension.

Drive both passes on one stitch before tying to reduce regrips; keep the driver on the needle and rotate through the arc rather than repeatedly handing off or grasping the needle with pickups. Plan spacing and bite widths before the first pass so far bites and near bites are symmetric and consistent, and keep knots off the incision line. Maintain your good tissue handling, but streamline motion by keeping both instruments in the field, pre-visualizing needle trajectory, and minimizing off-field resets..

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