Surgical VOP Assessment Report

Video: 2507_simple_interrupted.mp4
Pattern: Simple Interrupted

Rubric Assessment

1. Perpendicular needle passes
Needle entry was consistently near perpendicular-to-oblique with controlled arcs producing symmetric, slightly everted bites; multiple passes demonstrate appropriate right■angle orientation.
Score: 3/5 - Competent

2. Gentle tissue handling
Tissue handling was economical and gentle—single precise toothed pickup presentations and occasional fingertip approximation with no evidence of crushing or repeated grasps.
Score: 3/5 - Competent

3. Square, secure knots
Knots were consistently fashioned as compact instrument■tied throws producing flat, secure square knots with proper cinch and tail management.
Score: 4/5 - Proficient

4. Appropriate approximation/tension
Approximation and tension were appropriate throughout; edges meet without gaping or overt blanching and there is no tissue strangulation.
Score: 3/5 - Competent

5. Even spacing (0.5-1.0 cm)
Stitch intervals are uniform and regularly spaced along the repair, consistent with recommended 0.5–1.0 cm distribution.
Score: 4/5 - Proficient

6. Proper dermal and epidermal apposition
Dermal and epidermal apposition is excellent with consistent slight eversion and alignment of layers appropriate for simple interrupted closure.
Score: 4/5 - Proficient

7. Economy of time and motion
Economy of motion is strong once active repair begins—hands and instruments remain close to the wound with minimal unnecessary departures, aside from brief preparatory exchanges.
Score: 3/5 - Competent

Average Score: 3.4/5

Summative Assessment:
The operator executed a disciplined, reproducible simple interrupted closure with reliable needle control, consistent bite depth, and deliberate instrument choreography. Hand■to■hand coordination between needle driver and toothed forceps was efficient, knot technique was secure and compact, and suture tails were managed and trimmed appropriately. The final repair shows uniform spacing, good epidermal approximation with

slight eversion, and no evidence of tissue tearing or excessive tension. Overall performance demonstrates competent, reproducible technique appropriate for clinical application on superficial wounds. Remaining refinements would be minimizing preparatory instrument hovering over non■target areas and maintaining the same efficiency during initial set■up, but the therapeutic passes and final product meet high technical standards.