

Surgical VOP Assessment Report

Video: 2511_simple_interrupted.mp4

Pattern: Simple Interrupted

Rubric Assessment

1. Perpendicular needle passes

Needle entries were generally near perpendicular with symmetric shallow bites; occasional oblique approaches were used when angle required but did not cause obvious shear.

Score: 3/5 - Competent

2. Gentle tissue handling

Tissue was handled gently with single, precise forceps grasps and minimal evident crushing; edges were stabilized appropriately for accurate needle placement.

Score: 4/5 - Proficient

3. Square, secure knots

Knots were consistently secured with multiple throws, lie low and trimmed close to the knot, and appear square and stable on inspection.

Score: 3/5 - Competent

4. Appropriate approximation/tension

Edge approximation was excellent with slight planned eversion and no visible gapping or tissue blanching; tension appears well balanced across the line.

Score: 4/5 - Proficient

5. Even spacing (0.5-1.0 cm)

Stitch intervals were uniform and closely spaced along the incision with minor variability but overall consistent distribution.

Score: 3/5 - Competent

6. Proper dermal and epidermal apposition

Dermal and epidermal layers are well opposed with mild eversion where appropriate, yielding appropriate layer alignment for healing.

Score: 4/5 - Proficient

7. Economy of time and motion

Once active suturing began, hands and instruments remained compact and efficient, but the recording showed prolonged inactive periods before work began, reducing overall procedural economy.

Score: 2/5 - Novice

Average Score: 3.3/5

Summative Assessment:

The operator demonstrated competent, reproducible simple interrupted technique with controlled needle handling, reliable tissue stabilization, and consistent knot security. Hand-to-instrument coordination was efficient within the working zone: the dominant hand controlled needle arcs while the nondominant hand maintained counter-tension and

gentle eversion, producing a neat, tension■balanced closure. Areas for improvement are procedural focus and time management — the extended inactive time before starting suggests lapses in flow or setup efficiency that would be unacceptable in a live patient context. Technically the closure itself is sound: even spacing, good dermal/epidermal apposition, and secure low■profile knots consistent with high■quality interrupted suturing.