

# Suturing Assessment Report - 116\_Simple Interrupted.m4v

Video File: 116\_Simple Interrupted.m4v

Suture Type: Simple Interrupted

Assessment Date: 2025-07-16\_173901

## Assessment Results:

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

1/5 poor

**\*\*Justification:\*\*** The needle is consistently passed at a shallow, oblique angle relative to the skin surface. This pattern is observed on both the entry and exit passes for all stitches demonstrated. There are no instances of a perpendicular needle pass.

2) Avoids multiple forceps grasps of skin

3/5 competent

The surgeon consistently used multiple forceps grasps for each needle pass. Each skin edge was typically regrasped 2-3 times to achieve the desired position before the needle was driven through the tissue.

3) Instrument ties with square knots

4/5 proficient

4) Approximates skin with appropriate tension

2/5 substandard

The sutures approximate the wound edges, but the tension is inappropriate. Significant puckering and tissue compression are present along the entire suture line, indicating the knots were tied too tightly.

5) Places sutures 0.5 - 1.0 centimeters apart

3/5 competent

**Justification:** The suture spacing is generally within the 0.5-1.0 cm range. However, the distribution is inconsistent, with sutures in the middle of the incision being placed closer together and a noticeably wider gap between the last two sutures.

6) Eversion of the skin edges

2/5 substandard

The skin edges are not everted. The closure appears flat, with some areas showing slight inversion. This lack of eversion is consistent along the suture line and does not place the wound edges in an optimal position for healing.

7) Economy of time and motion

3/5 competent

**Justification:** The practitioner's movements are generally organized but show some inefficiencies. The workflow is acceptable but lacks fluidity, with some minor hesitations and pauses, particularly during knot tying. Hand movements are often larger than necessary, traveling away from the immediate surgical field. While the task is completed effectively, there is clear room for improvement in motion economy.

**Final Score:** 3/5 competent

**Summative Comment:**

You have established a solid foundation for this skill by consistently forming secure, square knots with your instrument ties, which is a critical component of a reliable closure. The most impactful area for your development now lies in the preceding steps: the needle pass and tissue handling. I observed that the needle consistently enters the skin at a shallow, oblique angle, which prevents the capture of sufficient dermal tissue and results in a flat, sometimes inverted, wound approximation. To correct this, concentrate on driving the needle tip perpendicular to the skin surface, using a distinct supination or rolling motion of your wrist to create a wide, symmetric arc through the tissue. As you drive the needle, use your forceps to gently lift and evert the skin edge, actively presenting it to the needle tip. Mastering this combination of perpendicular entry and active eversion will resolve the lack of everted edges and will also help you address the suture tension, as the current closure shows significant puckering from the knots being cinched too tightly. Remember to approximate the wound edges until they just touch, avoiding any tissue compression or blanching. As your needle placement becomes more deliberate and effective, you will naturally find that your efficiency improves, reducing the need for multiple forceps grasps and creating a more fluid economy of motion. With the core skill of knot tying already in place, focusing on this precise needle control and tissue management will significantly advance the quality and professionalism of your closures.