Surgical VOP Assessment Report

Video: 2501_vertical_mattress.mp4
Pattern: Vertical Mattress

Rubric Assessment

1. Correct deep (far-far) and superficial (near-near) passes
Deep (far■far) and superficial (near■near) components are executed with consistent perpendicular/oblique needle trajectories and reliable full■dermal purchase producing symmetric bites across the wound. Overall pass symmetry and layer capture are proficient.
Score: 3/5 - Competent

2. Gentle tissue handling
Tissue handling is precise and atraumatic with single, deliberate grasps of the edge, frequent use of fingertip pressure for fine alignment, and minimal unnecessary re■grasping. Handling demonstrates excellent respect for tissue.
Score: 4/5 - Proficient

3. Square, secure knots
Knots are consistently constructed, tightened to approximate edges without strangulation, lie flat, and tails are trimmed reliably; knot security appears dependable throughout.
Score: 3/5 - Competent

4. Balanced tension deep vs superficial
Tension balance between deep support and superficial closure is well controlled: deep elements provide support while superficial components close the epidermis with gentle eversion rather than over■tightening.
Score: 3/5 - Competent

5. Even spacing (0.5-1.0 cm)
Stitch spacing is uniform and within the expected 0.5–1.0 cm interval along the entire incision, maintaining consistent alignment and rhythm.
Score: 3/5 - Competent

6. Proper eversion
Eversion is consistently achieved with a slight, uniform ridge along the closure and no evidence of epidermal inversion or gaping.
Score: 3/5 - Competent

7. Economy of time and motion
Economy of motion is strong: hands remain close to the field, instrument exchanges are minimal, and workflow is methodical and efficient with few off■field movements.
Score: 3/5 - Competent

Average Score: 3.1/5

Summative Assessment:
The closure demonstrates proficient vertical mattress execution with symmetric pass placement, controlled needle arcs, and dependable dermal capture. Tissue handling is

exemplary—atraumatic, bimanual control is maintained, and edge eversion is consistently achieved without excessive tension. Knot construction is reliable and knots are tightened to achieve approximation without strangulation. Overall the operator shows efficient, reproducible technique with uniform spacing and well■balanced deep versus superficial tension. The repair is tidy, stable, and appropriate for clinical skin closure; continued attention to maintaining this level of consistency will produce excellent clinical outcomes.