

# Surgical VOP Assessment Report

**Video:** 2507\_subcuticular.mp4

**Pattern:** Subcuticular

## Rubric Assessment

### 1. Consistent dermal bites (running path)

Bites advanced in a steady, repeatable sequence with mostly uniform step length and depth; minor variation in bite interval and grip produced small, acceptable inconsistencies.

**Score: 3/5 - Competent**

### 2. Opposing entry/exit symmetry

Left to right entries and exits were generally well mirrored with only occasional slight asymmetry on a few passes.

**Score: 3/5 - Competent**

### 3. No unintended surface breaches

No clear deliberate externalization or mid-run external loops were observed; only brief suture management maneuvers externally visible that did not compromise the line.

**Score: 3/5 - Competent**

### 4. Gentle tissue handling

Tissue handling was consistently atraumatic—controlled needle rotation, delicate forceps elevation and appropriate tensioning minimized tissue stress.

**Score: 4/5 - Proficient**

### 5. Square, secure knots

Knots were secure and held tension well but were placed on the surface with occasional variation in tail length and prominence rather than consistently hidden/subcuticular finishes.

**Score: 2/5 - Novice**

### 6. Flat, well-approximated skin

Final skin approximation was neat with slight intended eversion, minimal gaping, and an overall flat, well-aligned closure without significant ridging.

**Score: 3/5 - Competent**

### 7. Economy of time and motion

Workflow was organized and economical with smooth bimanual coordination; minor, expected pauses for tying and trimming did not noticeably disrupt progress.

**Score: 3/5 - Competent**

**Average Score: 3.0/5**

### Summative Assessment:

The operator demonstrated competent-to-proficient subcuticular technique with excellent atraumatic handling and strong bimanual coordination. The closure progressed in a controlled, orderly fashion with mostly uniform bites and symmetric edge approximation, producing a neat, well-everted line and minimal tissue distortion. Primary opportunities for improvement are in suture end management and knot finish: finishing technique

consistently placed knots on the skin surface with variable tail length rather than a uniformly concealed subcuticular finish. Tightening standardization of bite spacing/grip consistency would also elevate cadence to an exemplary level. Overall performance is solid and safe, suitable for clinical application with refinement of knot hiding and minor consistency improvements.