

A Classification of Video Abstract formats and the researcher's role in The BMJ Corpus

ABSTRACT. Research into the Video Abstract (VA) genre has paid particular attention to its rhetorical structure as compared to the written abstract; by contrast, the various formats in which VAs come have scarcely been investigated. This paper aims to fill this gap by providing a classification of VA formats with respect to a corpus of 115 medical VAs produced for The BMJ. In this investigation the paper also takes into account the researcher's role in communicating the VA content as well as the relationship they establish with viewers through the use of camera position. The findings of this study offer a systematic classification of VA formats and highlight the prominent and personal role of the researcher in VAs for *The BMJ*, contrasting with trends in other medical journals where VAs may function more to disseminate knowledge or promote the journal itself.

Keywords: Medical discourse. Knowledge Dissemination. Video abstract. Video abstract formats.

1. Introduction

The democratisation of science fostered by open science (UNESCO, 2021) and the marketisation of research caused by the spread of neoliberalism in academia (Bauwens *et al.*, 2023) have triggered the emergence of new forms of science communication and digital genres exploiting the affordances provided by the social web and social media. Illustrative of this are academic homepages (Hyland, 2011), research blogs (Bondi, 2018; Kuteeva, 2016, Maurantan, 2013), wiki pages (Hoffmann, 2008), and TED Talks (Mattiello, 2019; Tsou *et al.*, 2014) just to mention a few. These have helped researchers move beyond their traditional audience to engage a wider audience – including researchers from related fields, students, and the general public – thereby increasing their research's visibility.

This study focuses on the Video Abstract (henceforth VA) (Spicer, 2014). Introduced to the academic community as “one of the first innovations to the scholarly article in the past century” (Berkowitz, 2013), the VA is a four-to-five-minute video presentation communicating a study's background, the methods used, the study results and implications using the affordances of the video format (e.g., images, sounds, written and spoken discourse). Because of

its primary functions of marketing and promoting a research article, the VA is a promotional genre. Spicer (2014) observes that the VA is well-adapted for Internet sharing, and this is evident not only in the fact that the VA is typically embedded within the corresponding online research article, but also in the number of journals' and international publishers' YouTube and Vimeo channels. For example, *Taylor & Francis* has a video channel on Vimeo collecting VAs from its journals as has *Cell Press* on YouTube.

Research into the VA genre has paid particular attention to its rhetorical structure as compared to the written abstract (e.g. Plastina, 2017; Liu, 2020; Cocchetta, 2020, 2021a/b) showing that the VA tends to imitate the structure of its written counterpart. One of the first studies into the VA's rhetorical structure is Plastina's (2017) who applied Swales' (1990, 2004) model to a corpus of 30 VAs and their written counterparts taken from three online medical journals. Her study found that both the written abstracts (henceforth WAs) and VAs in her corpus followed the five-move structure (i.e. *Introduction, Purpose, Method, Product* and *Conclusion*) described by Hyland (2004); however, the VA also included new constituent steps in different moves serving rhetorical functions not found in the WA as was the case of *Stating professional identity* providing information about the author. In a similar vein, Liu (2020) adopted Swales' model when analysing 12 VAs published on *Cell Press*, demonstrating that the VAs had a distinct rhetorical structure, displaying several core moves, optional moves, and move units that differentiate it from traditional WAs. However, considering the multimodal nature of the VA, he questions the overall suitability of traditional move analysis for researching this genre. In this respect, Cocchetta (2020, 2021a/b) drew on multimodal discourse analysis and applied phasal analysis (Baldry, 2004; Baldry and Thibault, 2006a/b; Gregory, 1995, 2002; Thibault, 2000) to analyse the VA's rhetorical structure. Cocchetta (e.g. 2021a/b) categorised subphases according to their functions into: 1) research-dissemination subphases; 2) descriptive subphases; 3) editorial-and-administrative subphases; and 4) socialising subphases. Most importantly, she observed that subphases can potentially be realised either in the soundtrack, or in the videotrack, as well as in both simultaneously. In this respect, Cocchetta (2021a, 323) highlighted that “[t]his characterisation of the differences between the soundtrack and the videotrack is a step towards the recognition that different semiotic resources function in different ways in different VA subgenres”.

Related to its multimodal nature is the fact that the VA comes in different formats. Well-defined and accepted classifications of VA formats which might

guide readers when planning to produce a VA are lacking, likely because the VA is still under development due to its recent emergence. However, some classifications can be found in the guidelines for VAs provided by journals, on the websites of providers of academic editing services such as *Enago*, international publishers such as *Sage*, and communication agencies such as *Animate Your Science* which create animations helping scientists to communicate their work in a compelling way. For example, in its guidelines, *Pediatrics* (American Academy of Pediatrics, n/a), the journal of the American Academy of Pediatrics, lists four different VA formats: 1) PowerPoint presentations with voice-over; 2) “slice of life” (see below); 3) educational “how-to”; and 4) live video/webinar. In addition, it invites researchers to “[b]e creative and find what will bring out the key points of [their] study” thus not excluding other formats. Bhosale (2023) from *Enago* lists the following five formats, some of which are already found in *Pediatrics*’ classification: 1) whiteboard animation videos; 2) animations; 3) motion graphics; 4) PowerPoint presentation; and 5) self-recording/author-talking videos.

Compared to the VA’s rhetorical structure, little research has been undertaken on the different formats in which VAs come despite the fact that, if researchers are to produce an effective VA, they should be aware of the affordances provided by the various formats. The present study aims to fill this gap by providing a classification of the VA formats with respect to a corpus of 115 medical VAs produced for *The BMJ* which takes into account also the researcher’s role in communicating the VA content when using these formats.

2. Data and Methodology

This study analyses a corpus of 115 medical VAs produced between 2013 and 2020 for articles published on *The BMJ*, an open-access journal addressing health professional and publishing, *inter alia*, original research, clinical reviews and editorial perspectives. The corpus (henceforth *BMJ corpus*) is a component of a larger specialized video corpus of 300 medical VAs taken from 26 international medical journals compiled by the author in August 2024 with the aim of gaining insights into the medical VA genre.

The VAs were classified according to their format drawing on the classifications provided by journal guidelines, providers of academic editing services, international publishers, and communication agencies. Particularly useful for this study are the classifications provided by Bhosale (2023) from *Enago* and Slattery (2020) from *Animate Your Science*. In order to under-

stand the researcher's role in communicating the VA content, for each VA the narrator was identified. Finally, to understand the narrator-viewer relationship, the VAs were annotated for camera position (horizontal and vertical perspective and distance) using Baldry and Thibault's (2006b, Chapter 4) model: multimodal studies (e.g. Kress and van Leeuwen, [1996] 2020; Baldry and Thibault, 2006a/b) have shown that camera position is one of the ways in which the interpersonal metafunction (Halliday and Matthiessen, 2014) is enacted. For example, with regard to horizontal perspective, the use of a direct angle, i.e. when the viewer is positioned in front of the represented participants (Kress and van Leeuwen, [1996] 2020) increases the viewer's involvement in, and empathy with, what is depicted, while the use of an oblique angle suggests lack of involvement and detachment. A skillful use of the camera might turn out to be a way for researchers to engage viewers. For example, in the case of the present study, the use of a direct angle suggests researchers want to get into a close contact with viewers while presenting the study, an aspect which cannot be achieved when writing and reading a research article.

3. Results

Table 1 shows the VA formats identified in the corpus with their frequency of distribution.

As can be seen in Table 1, the BMJ corpus comprises VAs embracing various formats, including: talking heads, enhanced talking heads, slices of life, whiteboard animations, interviews, slideshows, narrated PowerPoints, and video infographics. Obviously, there are hybrids. The data shows that the majority of VAs (48 VAs out of 115, 41.7%) are Enhanced Talking Heads followed by Narrated PowerPoints with Onscreen Narrator (23 VAs, 20%) and Slice of Life: Researcher (10 VAs, 8.7%). 15 VAs (13%) are hybrid, combining two or more subgenres.

In this study, the term Enhanced Talking Head is used to indicate VAs where researchers talk directly to the audience and include some visuals such as static images, graphs representing data and PowerPoint slides. The term was coined by the present author to distinguish this type of video from the Talking Head type. Talking heads are videos where researchers talk directly to the audience; these correspond to self-recording/author-taking videos in Bhosale's (2023) classification. According to BMJ Author Hub (BMJ Publishing Group, 2025), which classifies VAs on the basis of researchers' budget, these represent a solu-

Subgenre	No. of occurrences	% of occurrences
Enhanced talking head	48	41.7%
Interview between researchers	1	0.9%
Interview with onscreen questions	3	2.6%
PowerPoint presentation with offscreen narrator	5	4.3%
PowerPoint presentation with onscreen narrator	23	20%
Slice of Life: Patients	1	0.9%
Slice of Life: Researchers	10	8.7%
Slideshow	1	0.9%
Talking head	4	3.5%
Video infographic	1	0.9%
Whiteboard animation	3	2.6%
Hybrid	15	13%

Table 1: Formats in the BMJ corpus and frequency of distribution.

tion for low budgets, as they can be shot with a smartphone or a tablet – hence the BMJ Author Hub’s slogan *Technology “from your pocket” for shorter stories* – or with a webcam. However, according to Slattery (2020), this type of VA “can lack dynamism” and suggests researchers should include some visuals such as PowerPoint slides or film footage. We can thus distinguish between what we can call the basic Talking Head type (henceforth Talking Head) and the Talking Head 2.0 type with a varying degree of additional visuals (henceforth Enhanced Talking Head). The extent to which visuals are used in the VA varies considerably as is the case with the types of visuals employed. For example, the VA entitled *Prospective Cohort Study of Palliative Chemotherapy* (The BMJ, 2014) makes use of a white background with written language which, in one case, summarizes the study outcomes, and in more than one case labels the sections of the VA (e.g. Findings, Clinical Implications, Educating the Patients), thus performing the same structural function as headings in RAs. In the VA entitled *Maternal Dietary Pattern and Preterm Delivery* (The BMJ, 2014), reporting a study examining the association between maternal dietary patterns and the risk of preterm delivery, the visuals consist of static images depicting the food characterizing the diets described in the study. In other VAs, the use of visual is more extensive as illustrated in the VA entitled *Populations at Risk for Severe or Complicated Influenza Illness* (The BMJ, 2013) where the researcher uses a flow diagram to illustrate the study flow as required by

the PRISMA 2020 statement for meta-analyses¹ (Page *et al.*, 2021), and forest plots and tables to report the results.

Narrated PowerPoints with Onscreen Narrator is the second most used format; as its name suggests, in this format researchers use a PowerPoint presentation and appear on screen so that the audience can see them. The extent to which researchers appear on screen varies. For example, in the above-mentioned VA *Populations at Risks for Severe or Complicated Influenza Illness* (The BMJ, 2013), the researcher is seen only at the beginning and at the end of the VA (about 20 seconds in the overall 5'15" video); in the rest of the VA, slides are projected. By contrast, in the VA *Causes and Patterns of Readmissions in Patients with Common Comorbidities* (The BMJ, 2014), when slides are projected, they co-exist on the screen with the researcher whose figure is cut off at the waist, occupies the right-hand side of the screen while the slides are placed in the top left corner of the screen. The way in which the researcher and the slides are arranged on screen recalls a newscast.

The third most frequent format is Slice of Life: Researcher. The term *slice of life* is taken from video journalism where it is used to refer to a video documenting some aspects of a person's ordinary life (Kobré, 2012). In the case of the VAs under analysis, the video documents some aspects of a researcher's ordinary life at work. This contrasts with the far rarer format that can be referred to as Slice of Life: Patients focusing on patients for which there is just one example in the corpus; likewise, just one hybrid VA entextualizes both the Enhanced Talking Head and Slice of Life formats, with the latter focusing on both researcher and patients.

What emerges from the analysis of the VA formats is the active role taken by researcher(s) when presenting the study; however, this is not always the case. Table 2 shows the narrator status, i.e. the narrator's relative social power or authority (Halliday and Matthiessen, 2014).

Narrator status	No. of occurrences	% of occurrences
Not given	2	1.8%
Not given + Researcher(s)	1	0.9%
Researcher(s)	111	96.4%
Researcher + study participant	1	0.9%

Table 2: Narrator status and frequency of distribution.

¹ The PRISMA statement is the reporting guidelines for systematic reviews and meta-analyses. In medical research, a reporting guideline is defined as “[a] checklist, flow diagram, or structured text to guide authors in reporting a specific type of research, developed using explicit methodology” (EQUATOR Network, n.d) which lists all the reporting items that should appear in a research paper so that the study can be, for example, replicated or used by doctors when making a clinical decision.

The data show that the vast majority of the VAs (111 VAs, 96.4%) are presented by one or more researchers participating in the study; there are two notable exceptions, one a video infographic, the other a whiteboard animation, where the identity of the narrator is not given. One other VA is presented by the researchers participating in the study, but also includes a narrator introducing the study whose identity is not given. Finally, the VA entitled *Treatments for Pyoderma Gangrenosum: The STOP GAP RCT* (The BMJ, 2015) features the researcher but also a participant in the trial who describes the reason why she decided to participate in the trial and the troubles she has been through because of her rare condition:

I've decided to do the STOP GAP trial in the hope of finding a cure or a standardized treatment. I don't want anyone else going through what I've been through. I want patients who have this condition to be diagnosed promptly and given the help we deserve. [...] It's the pain that interferes in our daily life the most. It has driven me and my partner to the brink of insanity. It's the knowing that every time you reposition yourself or if you need to get up you're gonna be in the most awful pain. I also get sudden nerve pain in my legs and it's enough to make me yelp. It puts me off moving. On bad days I stay in bed only getting up for comfort breaks, to take more medication.

The testimony provided by the study participant, and the emphasis on her struggles in particular, serves the function of highlighting the importance of the research.

The fact that in the large majority of VAs it is the researcher(s) who present(s) the study contrasts with the VAs of other journals where narrators also include the journal editor or members of the journal's editorial team (Cocchetta, 2021a).

Table 3 shows data on camera position which should provide information about the researcher-viewer relationship; due to space constraints, it provides the top three most frequent choices in terms of horizontal perspective, vertical perspective and distance. It should be noted that information about camera position is relevant only to those VAs where the speaker is onscreen, thus excluding those VAs (12 in all) where the speaker is not onscreen (e.g. whiteboard animations and narrated PowerPoints with an off-screen speaker).

As far as the horizontal perspective is concerned, the majority of VAs adopt a frontal view (52 VAs out of 103, 50.5%) followed by VAs adopting a three-quarters view (32 VAs, 31.1%) and VAs adopting a combination of frontal and three-quarters view (14 VAs, 13.6%). As regards the vertical perspective, the overwhelming majority of the VAs (95 VAs, 92.2%) adopt a

	No. of occurrences	% of occurrences
Horizontal perspective		
1. Frontal	52	50.5%
2. Three-quarters	32	31.1%
3. Frontal + Three-quarters	14	13.6%
Vertical perspective		
1. Median	95	92.2%
2. High	4	3.9%
3. Low	2	1.95%
Distance		
1. Close shot	44	42.7%
2. Medium close shot	19	18.4%
Close shot + medium close shot	19	18.4%

Table 3: Camera position and frequency of distribution.

median vertical perspective. As far as distance is concerned, the majority of VAs adopt a close shot (44 VAs, 42.7%) followed by VAs adopting a medium close shot and a combination of close shot and medium close shot (19 VAs, 18.4%). In visual grammar (Kress and van Leeuwen, [1996] 2020) frontal perspective is associated with increased viewer empathy and direct involvement in the actions, events and participants depicted while median perspective is associated with equality and solidarity between the viewer and the represented participants; close shots are associated with intimacy between the represented participants and the viewer.

4. Discussion

From the analysis of the BMJ corpus, the co-existence of various formats has emerged. The overwhelming majority of the BMJ VAs entextualize formats where the study is presented by one or more researchers participating in the study (e.g. Enhanced Talking Heads, Narrated PowerPoints, and Slices of Life). Except for Slice of Life, these are formats that do not require “state-of-the-art equipment” (BMJ Publishing Group, 2025) for their production. In fact, they can be recorded with a smartphone, tablet or webcam, thus giving the impression of being produced by an amateur. The use of these formats, however, gives researchers the opportunity to give their take on the study and

detach themselves from the impersonal style used in scientific writing to project an objective stance and remove the author from the frame (Hyland, 2004). In a survey on how a VA added value to their study conducted by *New Journal of Physics* among its first VA authors, some researchers pointed to the enthusiasm and excitement of the discovery they could communicate in their VA, aspects that “tend[s] to get lost in a scholarly publication” (IOPscience, n.d.). In other words, the VA allows researchers to establish some contact with viewers: “socializing subphases where the presenter establishes some contact with viewers by greeting and thanking them for watching” (Cocchetta, 2021b: 176) are a hallmark of the VA generic structure potential². In the BMJ corpus, this intention of getting closer to the viewers seems to be supported by the researchers’ preference in the use of a frontal perspective, which in visual grammar (Kress and van Leeuwen, [1996] 2020) is associated with increased viewer empathy with and direct involvement in the actions, events and participants depicted.

Unlike The BMJ, in other medical journals such as the *New England Journal of Medicine* (NEJM) and the *American Journal of Sports Medicine* (AJSM), computer-generated animations (and to a lesser extent whiteboard animations) made by professionals are preferred over “home-made” videos presented by researchers. In animations, an unknown speaker gives the key points from the research article; the study and its results are foregrounded while the paper and the researchers lose their importance. In this respect, it may be noted that information about the research article and its authors is minimized as this is given briefly at the beginning of the VA with text superimposed on a black screen, a technique reminding viewers of a movie or TV program title sequence. Similarly, in all VAs of the AJSM, which are produced by the author services platform *Research Square*, researchers seem to disappear almost completely from the text. While in some VAs their names appear in the title sequence, in others they do not, as happens for example in the VA *The Impact of Posterior Tibial Slope and Knee Flexion on PMMR Forces* (AOSSM Journals, 2023). In this VA, the article title appears in the closing credits along with the researchers’ affiliations; surprisingly, the researchers’ names are not given anywhere in the VA, either in the soundtrack or in the videotrack. Interestingly, what is clearly given in the VA soundtrack is the journal’s name in the sentence *A study recently published in The American Journal of Sports Medicine explored how changes in posterior tibial slope and knee flexion angle impact the forces of*

² For work on subphases and generic structure potential (Hasan, 1978) see Cocchetta (2020, 2021a/b).

the PMMR. This seems to suggest that in the case of the AJSM the VA is meant to promote the journal rather than the researchers who carried out the study. Indeed, the latter are presented to viewers as “just a vague group of researchers” (Biber and Conrad, 2009: 123) in the statements: 1) *The researchers used ten cadaveric knees for biomechanical testing*; and 2) *The team discovered that....*

One final example on the same score is given by JAMA where computer-animated VAs coexist with VAs exemplifying the news report (Cocchetta, 2021a). From these examples, it can be argued that the VA is an example of mediated discourse (Scollon, 2001). In addition, these examples hint at the VA as a way of disseminating specialized knowledge to students and, to lesser extent, lay people rather than being a way of promoting the RA and its researchers. The fact that the VA seems to be in the process of becoming a pedagogical tool is supported by the extensive use of animation in education, especially in science education (He, 2020), thanks to its beneficial effect on learning (Berney & Bétrancourt, 2016).

5. *Conclusions*

This paper has provided a classification of VA formats in the medical discourse with respect to a corpus of 115 VAs taken from The BMJ. It has highlighted the researcher’s active role in presenting the study as well as their engagement with the viewers through the use of camera position. The paper has focused on the VA formats in medical discourse, but future research could explore the formats used in other disciplines.

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