DOCTOR VIDEO

Medical video editing: every visual is a claim

A misheard drug name, the wrong side of the body, a foreign theatre passed off as yours. Each one wears the doctor's face.

Swipe →

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WHAT IS DIFFERENT

Three constraints shape every cut

- Accuracy: text, diagrams and footage must match what the doctor said
- Privacy: no faces, reports, screens or name boards without consent
- Restraint: no sensational visuals, graphic imagery or dramatic music

The best medical editors keep a list of every on-screen claim and send it with the cut.

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CAPTIONS

Automatic captions are a draft, not a product

- Review every caption word by word against the audio
- Keep a glossary of the doctor's specialty terms, shared with editors
- Check numbers twice: a misheard dose is a clinical error
- Decide once how Hinglish and regional mixes are captioned
- Upload a caption file as well as burning them in

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ANIMATION

Where animations go wrong

- Stock assets showing the wrong side or structure
- A perfect, instant result that reads as a promise
- Motion added for energy, not clarity
- Simplified diagrams not described as simplified

Script first, storyboard approved by the doctor, licensed assets, final review with the voice-over.

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B-ROLL

Context without compromise

- Shoot your own library in one planned day, tagged by location
- Stock only for abstract visuals, never a hospital that looks like yours
- Never stock patients presented as yours
- Check every shot frame by frame before it enters the library

No AI-generated realistic patients, clinical scenes or facilities in doctor content at all.

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THE WORKFLOW

Six steps from rough cut to publish

1. Rough cut: pauses and false starts removed, no graphics
2. Content review: the doctor confirms it still says what they meant
3. Graphics and B-roll added, every on-screen claim listed
4. Captions added and checked against the glossary
5. Clinical review of final cut, then approval logged and published

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WHO CHECKS WHAT

Each layer has an owner

CAPTIONS	Misheard terms and numbers. Editor, then clinical reviewer
ON-SCREEN TEXT	Oversimplified or absolute claims. Clinical reviewer
ANIMATIONS	Wrong anatomy, implied outcomes. Doctor at storyboard and final
B-ROLL	Identifiable patients, misleading stock. Editor and privacy check
LOWER THIRDS	Wrong qualification or title. Doctor and marketing

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PATIENT FOOTAGE

More review, not less

- Editor sees the consent record before a single frame is used
- Graphic content stays out of general feeds; animate instead
- Stories are tightened, never rewritten or given typical outcomes
- Files organised so every cut-down can be found and removed

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Design the recurring elements once

- Lower-third template with name, specialty, qualifications, verified once
- One caption style: font, size, colour, position, emphasis
- Audio, captions and text on separate layers for language versions
- Music policy: licensed library, low under speech, or none

Each language version still needs its own caption check by a fluent clinician.

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READ THE FULL GUIDE

Medical video editing, in full

- Why doctor videos lose viewers before the answer
- The retention pass that keeps the caveat
- Editing one master for Instagram, YouTube and WhatsApp
- gauravphogat.com/medical-video-editing-animations-captions-broll

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