## Exploring the Robustness of Adaptation Methods in VLMs under Realistic Medical Data Shifts

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**Abstract.** We evaluate adaptation methods for Vision Language Models under realistic medical data shifts. Our results show that LoRA performs best on the i.i.d set,  $(\mathtt{IA})^3$  is the most robust, and prompt tuning is insufficient in practice. Further, the question type shift is most severe, and closed-ended questions are less robust than open-ended ones.

**Keywords:** Robustness · VLMs · Adaptation Methods.

Introduction. Vision Language Models (VLMs) are increasingly applied in the medical domain, e.g. for Visual Question Answering (VQA). Pretrained medical VLMs, such as [5], require fine-tuning on specific datasets, often using parameter-efficient fine-tuning (PEFT) methods. Further, VLMs must be robust against shifts in the data during application, s.a. unseen diseases, imaging modalities, or question types. Although adaptation methods [8] and their robustness [1] have been benchmarked for general VL problems, this has not been done under realistic and medical shifts. Our study addresses this gap for VQA, and investigates: 1) Which adaptation method yields best performance on i.i.d. data? 2) Which adaption method is most robust? 3) Which shifts most affect model robustness?

Methods & Experimental Setup. We finetune the language part of LLaVA-Med [5] using prompt tuning [4], LoRA [2], and (IA)<sup>3</sup>[7]. As VQA datasets, we use SLAKE [6] and OVQA [3], and induce realistic shifts as shown in Table 1, ("OoD:xxx" means unseen image/question type). For evaluation we use Mistral, scoring 0/1 for closed-ended and 1-5 for open-ended questions. The robustness

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**Table 1.** Robustness results. All PEFT method experiments ran for three seeds.

SLAKE												
	Modality Shift (OoD: X-Ray)						Question Type Shift (OoD: Size)					
	Closed Ended			Open Ended			Closed Ended			Open Ended		
	i.i.d.	OoD	RR	i.i.d.	OoD	RR	i.i.d.	OoD	RR	i.i.d.	OoD	RR
No FT	0.5	0.25	0.5	2.54	2.66	1.05	0.43	0.82	1.91	2.65	1.74	0.66
Prompt	$0.69\pm0.05$	$0.54\pm0.04$	$0.78 \pm 0.02$	$3.25\pm0.54$	$2.82\pm0.2$	$0.88 \pm 0.13$	$0.67\pm0.05$	0.35±0.06	$0.52\pm0.05$	$3.37\pm0.47$	3.1±1.12	$0.9\pm0.25$
LoRA	$0.84 \pm 0.01$	$0.6\pm0.09$		$4.28 \pm 0.01$		0.83±0.0		0.43±0.09	$0.51 \pm 0.11$	$4.2 \pm 0.05$	3.93±0.1	$0.94\pm0.03$
$(IA)^3$	$0.82\pm0.0$	$0.63 \pm 0.11$	$0.77\pm0.13$	4.21±0.02	$3.35\pm0.04$	0.8±0.01	$0.84\pm0.01$	$0.49 \pm 0.07$	$0.58 {\pm} 0.08$	$4.19\pm0.04$	$4.02 \pm 0.26$	$0.96 \pm 0.06$
Most Freq.	0.69	-	-	3.22	-	-	0.696	-	-	3.05	-	-
OVQA												
	Organ (Location) Shift (OoD: Leg)						Question Type Shift (OoD: Organ System)					
	Closed Ended			Open Ended			Closed Ended			Open Ended		
	i.i.d.	OoD	RR	i.i.d.	OoD	RR	i.i.d.	OoD	RR	i.i.d.	OoD	RR
No FT	0.42	0.47	1.12	2.34	2.43	1.04	0.43	0.57	1.34	2.34	1.89	0.81
Prompt	0.64±0.06	0.53±0.06	0.82±0.03	$2.62\pm0.18$		$ 0.88\pm0.08 $						
LoRA	$0.84 \pm 0.02$	$0.75 \pm 0.01$	$0.89 {\pm} 0.01$	$3.18 \pm 0.04$	$2.41 \pm 0.02$	$0.76\pm0.01$	$0.81 \pm 0.02$	$0.12\pm0.05$	$0.15\pm0.06$	$3.01\pm0.04$	1.35±0.08	$0.45\pm0.03$
$(IA)^3$	$0.79\pm0.02$	$0.7\pm0.01$	$0.89 {\pm} 0.01$	$2.94\pm0.11$	$2.41\pm0.05$	$0.82\pm0.04$	$0.73\pm0.03$	0.25±0.12	$0.34{\pm}0.18$	$2.72\pm0.02$	$1.39\pm0.03$	$0.51\pm0.01$
Most Freq.	0.75	-	-	2.57	-	-	0.73	-	-	2.23	-	-

is measured by the relative robustness as  $RR = 1 - ((P_I - P_O)/P_I)$  [1], where  $P_I$  is the i.i.d and  $P_O$  the OoD performance. As a baseline for the i.i.d set, we selected the most frequent answer to each question that was in the training set.

Results & Conclusion. The results in Table 1 show that finetuned models always drop in performance from i.i.d. to OoD, unlike non-finetuned models, showing that the shifts are not inherently more difficult. LoRA, which is the best performing PEFT method on the i.i.d. set, and  $(IA)^3$  always outperform the baseline, while prompt tuning doesn't always, making it infeasible in practice. Although the robustness trends are more consistent within dataset shifts than within the models,  $(IA)^3$  often shows slightly higher robustness than LoRA (marked blue). For the severity of the shifts, the closed-ended questions yield a lower RR than the open-ended questions, and the question type shifts seem more severe than the others. The fact that the question type shift has the most severity and the "most frequent" baseline outperforms random performance suggest two research directions: finetuning the vision encoder alongside the language model is likely crucial in the medical domain, and medical VQA datasets often lack question diversity, which can bias models.

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