From Answers to Explanations: Self-Probing Efficiently Fine-Tuned Vision-Language Models for **Medical VQA at Medico 2025**

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Abstract

We present our submission to the MediaEval Medico 2025 Challenge, addressing Subtask 1 (Visual Question Answering) and Subtask 2 (Multimodal Explanations) in gastrointestinal (GI) imaging. Our system fine-tunes the general-purpose vision—language model google/paligemma-3b-pt-224 on the Kvasir-VQA-x1 dataset using Parameter-Efficient Fine-Tuning (PEFT) with Low-Rank Adaptation (LoRA) and 4-bit quantization. A compact augmentation pipeline introducing geometric and color-space variations enhances robustness and generalization. For Subtask 2, we generate textual explanations through a prompt-based approach and evaluate interpretability across correctness, faithfulness, relevance, clarity, and completeness. On the private test set, our approach achieves a ROUGE-1 score of 0.723 and a METEOR score of 0.70 for Subtask 1, along with strong performance across the interpretability metrics in Subtask 2. Code and model checkpoints are available at: github.com/sujata-gaihre/MediaEval-Medico-2025-paligemma.

1. Introduction and Related Work

Accurate interpretation of endoscopic imagery is crucial for diagnosing gastrointestinal (GI) diseases, yet manual review remains time-consuming and subjective [1]. The Medico 2025 Challenge [2] promotes multimodal AI systems that enhance both diagnostic accuracy and interpretability through two subtasks: Visual Question Answering (Subtask 1) and Multimodal Explanations (Subtask 2).

Medical VOA datasets such as VOA-RAD [3], PathVOA [4], and Kvasir-VOA [5, 6] have enabled the study of multimodal reasoning in clinical imaging [7]. Challenges like ImageCLEF VQA-Med [8, 9] further underscore the dual need for accuracy and explainability in clinical AI. Meanwhile, large-scale multimodal models such as CLIP [10], BLIP [11], and Flamingo [12]—have demonstrated the transferability of vision-language reasoning through joint pre-training.

Building upon these foundations. approach leverages google/paligemma-3b-pt-224 model, which integrates Gemma's language backbone with visual encoders [13, 14]. We fine-tune this model on the GI-specific Kvasir-VQA-x1 dataset using Parameter-Efficient Fine-Tuning (PEFT) with Low-Rank Adaptation (LoRA) [15, 16], along with lightweight image transformations to improve robustness under constrained computational settings [17]. The resulting unified framework effectively addresses both Medico subtasks—producing accurate answers and interpretable text-based explanations for endoscopic imagery.

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2. Methodology

Our framework addresses both Subtask 1 and Subtask 2 by fine-tuning a single, powerful vision-language model (VLM), google/paligemma-3b-pt-224. The core of our contribution lies in a custom data augmentation strategy to enhance model robustness and a novel two-stage, self-probing pipeline to generate comprehensive explanations.

2.1. Data Preprocessing, Augmentation, and Tuning

We utilized the Medico 2025 challenge dataset, Kvasir-VQA-x1, a large-scale benchmark containing 159,549 complex question-answer pairs derived from 6,500 GI images. As per our processing script, we used the entire pre-defined "train" and "test" splits without creating a separate validation set. To improve generalization, we implemented a data augmentation pipeline for the **training split** using albumentations, including: **Geometric Transformations** (an Affine transform with **rotation** [$\pm 10^{\circ}$], **translation** [up to 10%], and **scaling** [90–110%]) and **Color Space Transformations** (Color Jitter for brightness, contrast, saturation, and hue).

We selected google/paligemma-3b-pt-224 and employed MS-Swift for efficient training on a single TESLA T4 GPU. We utilized **QLoRA** (4-bit NF4 quantization + LoRA), fine-tuning for **2 epochs** with the **AdamW** optimizer. Key hyperparameters were a learning rate of 2×10^{-5} , effective batch size of **16**, LoRA rank (r) of **16**, and alpha (α) of **32**.

2.2. Task-Specific Pipelines

Subtask 1: Visual Question Answering. For the primary VQA task, the fine-tuned model autoregressively generates a direct textual answer when provided with an image-question pair. **Subtask 2: Explanation Generation.** We designed a **two-stage**, **self-probing pipeline** that leverages both our VLM and an LLM for synthesis.

- 1.) **Initial Answering**: Our fine-tuned VLM generates a primary answer to the user's original question.
- 2.) **Self-Probing**: We created a comprehensive mapping (detailed in our code) that links 19 question_class categories to 10 pre-defined, targeted follow-up questions each. This mapping forces the model to probe for specific, granular details, as exemplified in Table 1.
- 3.) **Explanation Synthesis**: The primary answer and probing question-answer pairs are fed into OpenAl's gpt-4o-mini model, which is prompted to synthesize them into a single, coherent textual explanation.

Table 1Simplified example from our custom mapping for the self-probing mechanism. Each question class triggers a set of targeted, pre-defined questions.

Question Class	Example Pre-defined Probing Questions
abnormality_location	What type of abnormality is at this location?What is the size of the abnormality?What is the color of the abnormality?
instrument_presence	Where in the image is the instrument located?How many instruments are present?What type of instrument is visible?
polyp_size	Where is the polyp located in the image?What type of polyp is it?Is the polyp sessile or pedunculated?

3. Results and Evaluation

The answers were evaluated using BLEU, ROUGE (ROUGE-1, ROUGE-2, ROUGE-L), METEOR, CHRF++, and BERTScore. The performance was measured on the Kvasir-VQA-x1 [5] test set and a private challenge set to assess generalization. A comprehensive summary of our results is presented in Table 2.

Table 2Performance comparison across datasets and evaluation settings. BLEU, ROUGE-1 (R1), ROUGE-2 (R2), ROUGE-L (RL), METEOR, CHRF++, and BERTScore-F1 metrics are reported. Complexity levels (*Level 1–3*) are shown only for the *Full Kvasir-VQA-x1 Test Set* and *Private Challenge Set*, while the *Public Leaderboard* section reports aggregate results without complexity differentiation.

Setting	BLEU	R1	R2	RL	METEOR	CHRF++	BERT-F1		
Public Leaderboard (1500 samples)									
Normal	0.4582	0.6955	0.5058	0.6677	0.6713	_	_		
Augmented	0.4873	0.7184	0.5337	0.6899	0.6983	_	_		
Kvasir-VQA-x1 Test Set									
Level 1	0.4958	0.7272	0.5630	0.7201	0.6878	68.62	0.9569		
Level 2	0.4208	0.6905	0.4940	0.6641	0.6645	65.52	0.9493		
Level 3	0.5332	0.7531	0.5736	0.7059	0.7513	70.71	0.9581		
Overall	0.4936	0.7238	0.5438	0.6970	0.7009	68.57	0.9548		
Private Challenge Set (500 unseen images, 5,368 QA pairs)									
Level 1	0.4614	0.7004	0.5183	0.6875	0.6452	65.43	0.9484		
Level 2	0.3878	0.6782	0.4764	0.6470	0.6542	62.30	0.9460		
Level 3	0.5169	0.7357	0.5624	0.6930	0.7344	67.95	0.9576		
Overall	0.4708	0.7046	0.5182	0.6756	0.6762	65.58	0.9505		

3.1. Subtask 1: Visual Question Answering

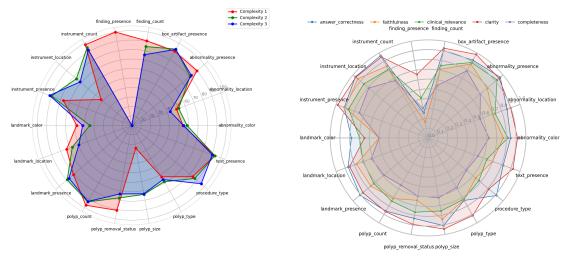
As shown in Table 2, our albumentations pipeline provided a significant performance boost. On the public leaderboard subset, data augmentation improved the ROUGE-1 score from 0.6955 to 0.7184 and the METEOR score from 0.6713 to 0.6983, confirming its value in enhancing model robustness.

On the Kvasir-VQA-x1 test set, our final model achieved a strong overall ROUGE-1 score of 0.7238 and a BERTScore-F1 of 0.9548. Notably, the model excelled on the most complex (Level 3) questions, achieving the highest scores in this category (e.g., 0.7531 ROUGE-1), which underscores its advanced reasoning capabilities.

To validate generalization, the model was evaluated on a private challenge set of 500 previously unseen images. It maintained high performance, securing an overall ROUGE-1 of 0.7046 and a METEOR score of 0.6762. This consistency across datasets confirms that our approach generalizes effectively to new clinical data.

3.2. Subtask 2: Multimodal Explanation

Subtask 2 was evaluated using Qwen3-30B-A3B [18] as an automated adjudicator across five dimensions: Correctness, Faithfulness, Clinical Relevance, Clarity, and Completeness. The model scored highest in Correctness (0.8567) and Clarity (0.9044), as detailed in Table 3. Figure 1(b) visually breaks down these scores, highlighting strong performance on instrument-related queries but a significant weakness on "finding_presence" questions, which scored only 0.2590 in correctness.



- (a) Subtask 1 performance by question type.
- (b) Subtask 2 explanation scores by question type.

Figure 1: Qualitative performance analysis. (a) visualizes the absolute performance scores (e.g., ROUGE-1) of the three complexity levels across various question categories on the full Kvasir-VQA-x1 test set, highlighting strengths in instrument detection and weaknesses in counting tasks. (b) shows the breakdown of Subtask 2 explanation metrics, revealing low scores for finding_presence.

Table 3: Subtask 2 mean scores across question types.

Question Type	Correctness	Faithfulness	Relevance	Clarity	Completeness
abnormality_presence	0.9627	0.7894	0.9197	0.9458	0.6965
instrument_presence	0.9101	0.9028	0.8635	0.9826	0.7478
instrument_location	0.9691	0.9367	0.8564	0.9638	0.7904
finding_presence	0.2590	0.1649	0.4142	0.6575	0.3067
Overall	0.8567	0.7421	0.7556	0.9044	0.6135

4. Discussion and Outlook

Our fine-tuned PaliGemma model, using PEFT and data augmentation, proved effective for GI-related VQA, showing strong generalization on unseen data. However, the evaluation revealed a critical weakness in discerning the presence versus absence of findings (finding presence). While explanations were clear, they lacked sufficient faithfulness and completeness, indicating a reasoning disconnect. Future work will focus on improving presence/absence detection and exploring advanced explainability techniques. Deeper collaboration with clinicians is essential to bridge the gap to real-world clinical utility.

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Declaration on Generative Al

During the preparation of this work, the authors utilized generative AI tools. Specifically, Grammarly was used for proofreading and improving grammar, while ChatGPT was used to enhance the clarity and readability of sentences. The authors reviewed and edited all content to ensure its accuracy and take full responsibility for the final manuscript.

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