Problem Low sample size (e.g. clinical contexts) may lead to noisy and biased performance estimates in cross-validation and humans are hard to predict.

# **Possible Solution**

Partition data during *k*-fold cross-validation using anticlustering\* for creating clusters of high between-group similiarity

# Simulation Design

anticlust

Improving k-fold cross-validation hhu

with anticlustering

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### **Simulation Variables**

### Goal

Compare prediction accuracy between classical cross-validation and anticlustering in 10 times repeated 10-fold cross-validation

# **Anticlustering Methods**

- (reversed) *kmeans*: creates clusters of similar means
- kplus: creates clusters of similar means and <sup>0</sup>
  variances
- *correlation*: creates clusters of similar means, variances, and covariance structure
- *diversity*: maximizes sum of pairwise dissimilarities within clusters

Percentage of Methods being closer to Test Error Than Cross-Validation

sample size (*n*), *r* between criterion and predictors, *r* between predictors, #predictors

#### Mean Validation and Test Error



# Conclusion

Cross-validation using splits based on anticlustering instead of random splits seems to provide more realistic validation error estimates



Some qualifications:a) Depends on anticlustering methodb) Not for high predictive accuracyc) Advantage diminished with large N

\*Papenberg & Klau (2021)