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# The Impacts of the Search Conference on the Development of Undergraduate Medical Education

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## ABSTRACT

**Objective:** Stakeholder engagement fosters creativity and adaptation in medical education. Recently, medical schools have shown increased interest in stakeholder input, yet data on its impact on undergraduate medical education remain limited. Additionally, effective methods to engage stakeholders in curriculum development are needed. This study aims to explore the impact of the Search Conference method on shaping undergraduate medical education at Karadeniz Technical University Faculty of Medicine.

**Materials and Methods:** A qualitative document analysis was conducted. Stakeholders involved in undergraduate medical education or contributing to its development participated. They were divided into four groups and discussed six key topics over two days.

**Results:** Stakeholders highlighted several factors expected to influence health in the 2030s, including the long-term effects of the pandemic, future pandemics, migration, biological changes, evolving dietary habits, rising healthcare costs, and technology-driven challenges such as screen addiction. They emphasized the need for future physicians to develop competencies in technology and financial literacy, innovative and design-oriented thinking, and self-regulated learning. Additionally, managing healthcare for an aging population was identified as a crucial competency. The Search Conference uniquely enabled collaborative determination of strategic goals, stakeholder roles, and institutional methods.

**Conclusion:** This study provides the first evidence of the Search Conference method's impact on undergraduate medical education. By incorporating stakeholder insights and foresight, medical schools should realign their educational goals and curricula to better prepare future physicians for emerging healthcare challenges.

**Keywords:** Curriculum development, future physician competencies, Search Conference, stakeholder engagement, undergraduate medical education.

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## INTRODUCTION

The theory of complexity explains the interconnected and adaptive nature of medical education. Substantial evidence supports its application in education, particularly in learning communities, which function as self-organizing systems.[1] These communities drive continuous change and

knowledge creation, fostering adaptation and development. Meaningful change occurs when individuals within the learning community evolve, rather than through externally imposed reforms. Stakeholder engagement plays a crucial role in introducing new knowledge and ideas, fostering creativity, adaptation, and growth.[2,3]

Despite this, key systemic concepts such as continuous quality improvement, patient safety, practice-based learning, and teamwork remain challenging to understand, internalize, and implement.[4] The Search Conference method may provide a valuable solution to these challenges. However, our research found no prior application of Search Conferences in medical education, despite their use in other sectors and organizations.

This method allows participants to create a plan for the most desirable future of their community or organization. The Search Conference is becoming increasingly popular, as it provides a structured approach where stakeholders promise commitment and joint action toward agreed goals, directions, and change. Typically, 20–50 participants (field-specific leaders, practitioners, etc.) from the system are invited based on their knowledge of the system, their different perspectives, and their potential to implement the plan they have developed. Participants are invited not as representatives of stakeholder groups but for their potential contribution to the Search Conference on a topic-specific basis. The important point is to invite the right people in line with the purpose of the conference. After attending, everyone becomes a planner/designer on equal terms and with equal rights.[5,6]

The reason the conference is called a "Search" is that small groups explore their own external environment and system by collecting, analyzing, and synthesizing data. In this process, people learn from one another and make plans together at the same time.

A Search Conference does not resemble a training workshop or traditional conference with presenters, keynotes, presentations, speakers, games, or training sessions. Instead, participants are collectively responsible for the results and responsibilities. The facilitators of the Search Conference provide the best possible environment for interaction, ensuring that participants have the best structure and process for their task.[5,7]

The importance of stakeholder participation for the continuous development of undergraduate medical education is well known.[8] However, our research found no prior application of Search Conferences in medical education, despite their use in other sectors and organizations. To verify this, we conducted a focused scan of the literature using major academic databases. While participatory methods such as the Delphi technique, strategic workshops, and consensus-building processes have been employed in various medical education contexts, we found no prior study reporting the use of the Search Conference method specifically within undergraduate medical education programs.[9,10] Participatory approaches such as the Delphi technique, strategic planning workshops, and consensus-building processes have been widely used in medical education, but these methods typically rely on structured expert input and are often institutionally driven. In contrast, the Search Conference method emphasizes open dialogue, equal participation, and stakeholder ownership, bringing together diverse individuals—including non-health professionals—who are directly or indirectly impacted by healthcare delivery. This inclusive and collaborative structure distinguishes the Search Conference from other approaches and positions it as a promising method for shaping educational reform based on shared values and collective planning.

**KEY MESSAGES**

- The Search Conference is an innovative method that enhances stakeholder engagement in medical education.
- In the 2030s, healthcare services will be shaped by technology, rising costs, and an aging population.
- This study provides the first evidence of the Search Conference method's potential to transform medical school curricula.

For this purpose, we aimed to reveal the impacts of the Search Conference method on our faculty's undergraduate medical education. Our research question was defined as: "How does the Search Conference method contribute to the development of undergraduate medical education." The goal was to assess the impacts of the Search Conference and provide data to guide the development of undergraduate medical education at the Karadeniz Technical University Faculty of Medicine with the contributions of stakeholders.

## MATERIALS AND METHODS

### Study Design

This study is a retrospective qualitative document analysis, examining the outputs of a Search Conference and internal institutional reports related to program development and evaluation in undergraduate medical education. The study followed a content analysis methodology to classify, interpret, and report the ideas and action items generated.

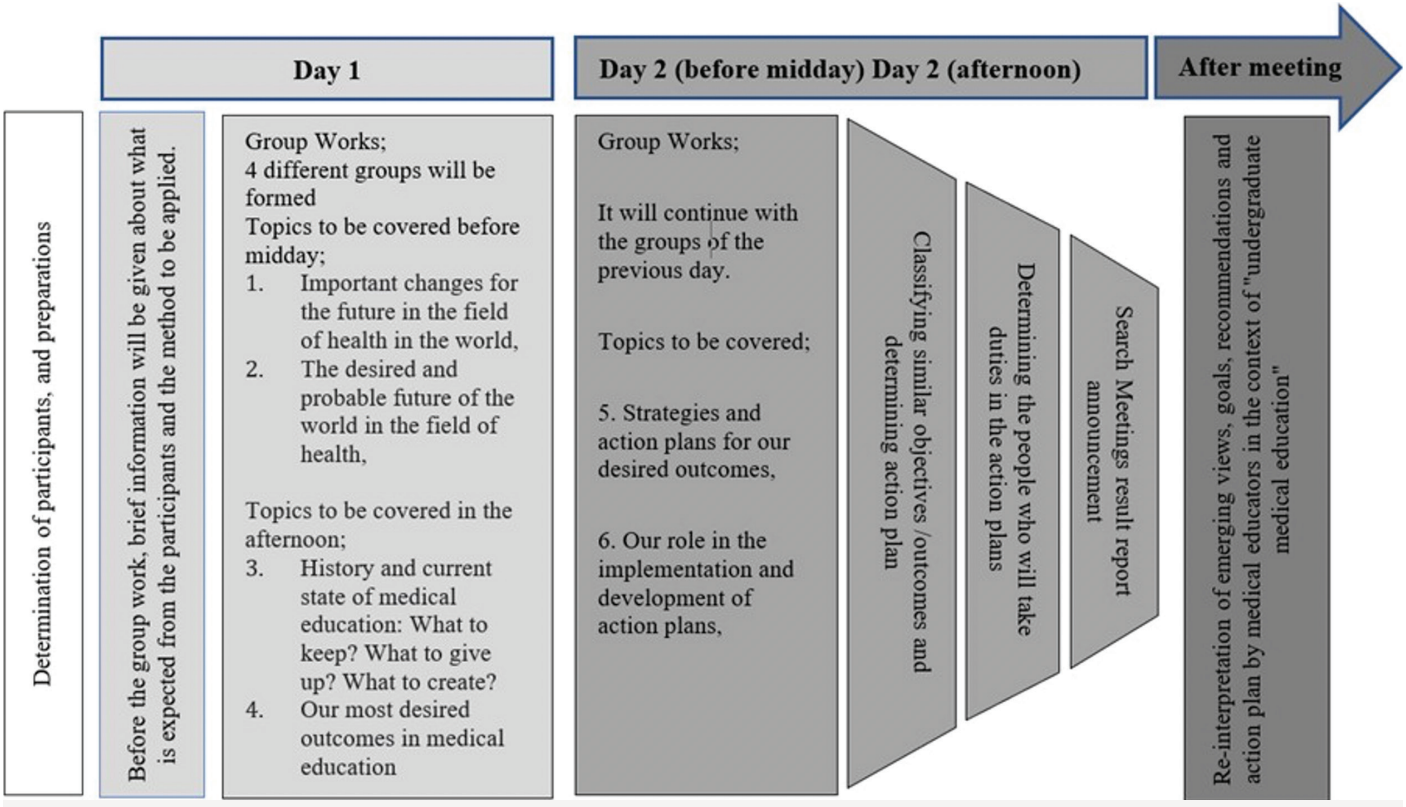


**Figure 1.** Process flow of the Search Conference.

## Search Conference Setting and Timeline

The Search Conference was conducted over two full days, on February 24–25, 2022. The final report and action plan were compiled and shared with participants within two weeks of the conference's conclusion. The process and details of the conference are illustrated in Figure 1.

## Participants and Sampling

Participants were stakeholders involved in or influencing undergraduate medical education at Karadeniz Technical University Faculty of Medicine. Stakeholders were selected using maximum variation sampling to ensure diverse representation. Invitations were sent via email and mobile communication one month before the event. Written informed consent was obtained before participation.

## Stakeholder Profile

A total of 42 stakeholders participated in the Search Conference. The group included preclinical and clinical medical students, alumni, and faculty members at different seniority levels (0–10, 10–20, and 20+ years of experience). External participants comprised representatives of the Turkish Medical Association, the Association of Family Physicians, the Provincial Health Directorate, and the Patient Rights and Healthy Living Association, as well as sociologists, a psychologist, and other health professionals such as dentists, nurses, physiotherapists, radiology technicians, and paramedics. In addition, educational technology experts and the Chief Executive Officer (CEO) of a medical education technology company contributed to the discussions. A detailed breakdown of participant characteristics is provided in Appendix 1. All details of the conference (venue, schedule, method used, group members, meeting topics, contact information, etc.) were provided to the 42 stakeholders who agreed to participate in the study under the title "VISION2030 Search Conference Guide" via mobile phone, social media, and email one month before the conference.

## Conference Procedure and Materials

Stakeholders were divided into four heterogeneous discussion groups by the organizing researchers (SA and BD). Six core topics related to undergraduate education reform were explored through structured small group discussions. These topics were addressed using guiding questions developed collaboratively by the same two medical educators, based on prior institutional needs analysis and a literature review in the field. The questions ensured alignment with core educational development themes and ethical standards in medical education.

### Data Sources

Eight documents were analyzed:

- Five annual reports from the Program Evaluation Committee (2022–2024),
- One institutional self-evaluation report (prepared for accreditation),
- One comprehensive Search Conference group report,
- One expert commentary contextualizing the outputs for curriculum planning.

Inclusion criteria for documents:

1. Related to undergraduate education development or evaluation,
2. Created by internal stakeholders,
3. Produced between 2022 (after the Search Conference) and December 31, 2024.

### Data Analysis

Content analysis was conducted following the six-step framework outlined by Creswell,[11] as detailed in Figure 2:

1. Data organization and preparation: All textual data were organized for analysis. The data were anonymized to ensure confidentiality and prepared for the systematic qualitative analysis process.

2. Preliminary reading: Researchers read through the documents multiple times to gain a general sense of the content. Key expressions and initial impressions were noted during this immersive reading phase.

3. Initial coding: Two researchers (SA, YG) independently coded the data. As this was a qualitative document analysis, intercoder reliability was not calculated using statistical measures (e.g., Cohen's Kappa). Instead, the trustworthiness of the coding was ensured through independent double coding, iterative consensus meetings, and peer debriefing. Discrepancies were resolved through discussion with other researchers.

4. Theme development: Similar and related codes were grouped together to form broader themes that captured recurring patterns in the data. Themes were structured in alignment with the research questions.

5. Theme interpretation: The themes were interpreted in light of the study's conceptual framework and existing literature. Their meanings and contextual relevance were explored and discussed by all researchers.

6. Report writing: The analysis process and findings were reported in a clear and systematic manner.

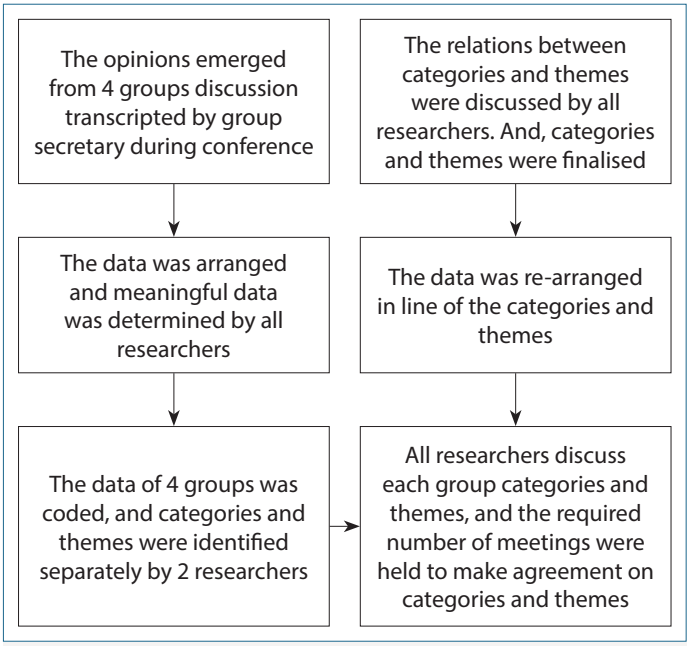


**Figure 2.** Steps of qualitative analysis are used to interpret data obtained from group discussions.

### Ethical Considerations

Ethical approval was obtained after the Search Conference and prior to the start of the document analysis process from the Ethics Committee of Karadeniz Technical University Faculty of Medicine (approval no: 2021/352, date: 09.12.2021). This study was conducted in accordance with the ethical standards outlined in the Declaration of Helsinki.

However, participants were informed that their contributions would be used to support the development of the faculty's curriculum and undergraduate medical education. They gave verbal consent with the understanding that their views would be used for this purpose, and confidentiality protocols were explained. All data were anonymized, and no personal identifiers were included in reporting.

### Researcher Reflexivity

The researchers acknowledge their dual role in both organizing and analyzing the Search Conference. The first author (SA) has extensive experience in medical education and curriculum development and served as a facilitator during the conference. This insider perspective enabled a deep contextual understanding of the discussions and documents but also posed potential risks of bias.

To address this, reflexive practices such as memo writing and peer debriefing were implemented throughout the analytic process. Coding and thematic development were co-

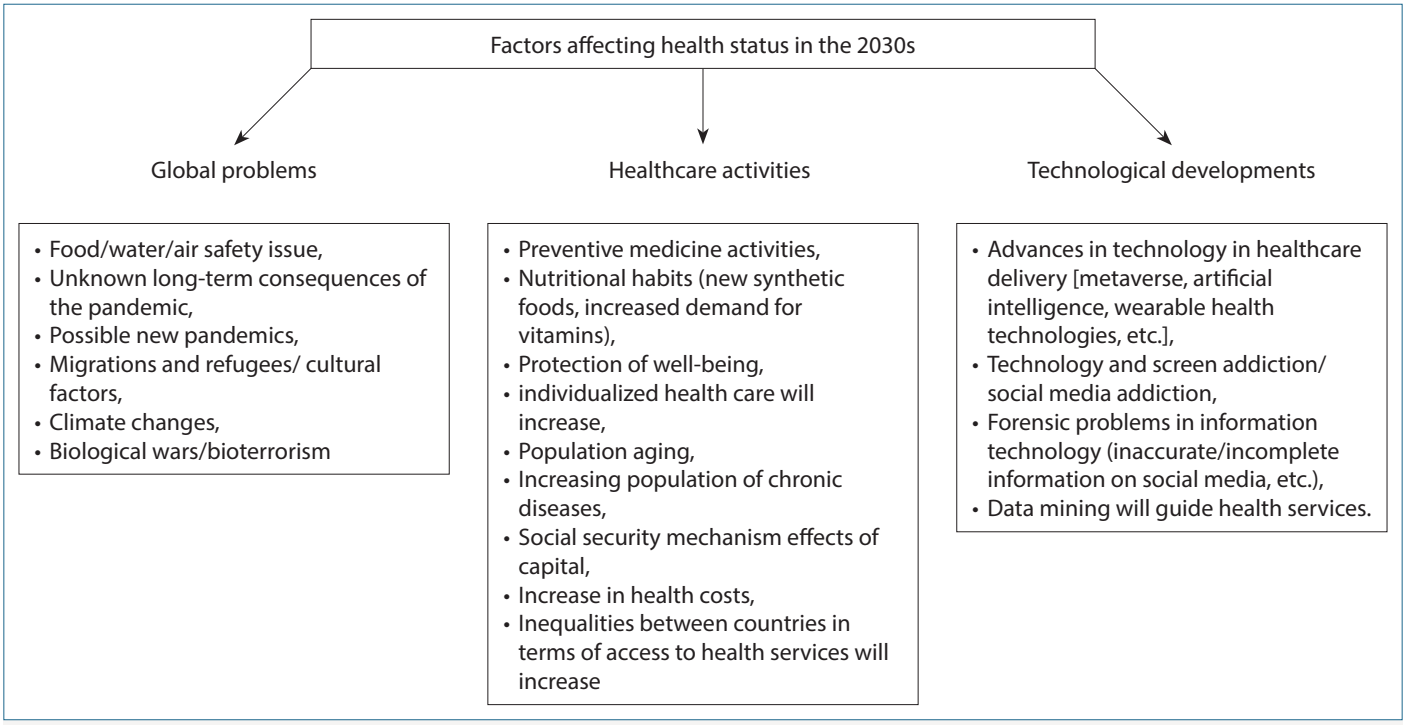


**Figure 3.** Factors predicted to affect health status in the 2030s, according to conference participants.

conducted by another researcher with expertise in qualitative analysis (YG), who was not involved in facilitating the conference, thus providing a balancing external perspective. This collaboration enabled critical reflection on assumptions, reduced interpretive bias, and ensured that multiple viewpoints were considered during data interpretation.

## RESULTS

The VISION2030 Search Conference was conducted with 42 participants. During the conference, which lasted for two days in total, six meetings were held in four different groups.

The changes predicted by the participants in the definition of health in the 2030s are as follows:

1. Studies on genetic mapping and identification of genetic risk factors may affect the definition of health in the context of "genetically risky status."
2. "Body image" will be included in the definition of well-being in the current framework.
3. "Technology addiction" will be recognized as an important risk factor in the definition of mental well-being.
4. The increasing aging population and the ability to meet aging-related health needs will be regarded as significant health determinant.

The broad factors predicted to influence health status in the 2030s were categorized into three thematic areas: global problems, healthcare activities, and technological developments. These thematic groupings, derived from participants' contributions, are summarized in Figure 3.

The factors that emerged during the Search Conference that are expected to affect health in the 2030s were grouped under three headings: global factors, healthcare activities, and technological developments, and are shown in Figure 3.

Participants made the following predictions for possible future developments in the 2030s:

- Access to healthcare services will become easier.
- Financial abuses will increase with the growth of privatization in the health system.
- Sanctions on documentation and data protection will become stricter.
- Technology will play a larger role in healthcare delivery, and accordingly, the need for healthcare workers in some areas will decrease.
- Roles within healthcare teams will be changed or redefined.
- Personalized treatment protocols will increase, and services will focus more on protecting individual well-being.


**Figure 4.** Graduate competencies anticipated to be needed in the 2030s, according to participants.

Regarding the educational activities that should be abandoned in current medical education, participants emphasized that traditional, educator-centered, didactic, and theoretical education and training in classroom/lecture environments should be phased out. They also emphasized the importance of students receiving education in large groups, unstructured assessment and evaluation methods, and discipline-centered education practices. These reflections suggest a shift toward active, integrated, and learner-centered education models.

The views of the participants on the graduate competencies needed in the 2030s are shown in Figure 4. These competencies reflect a broad vision for future physician roles, emphasizing collaboration, ethical responsibility, innovation, technological literacy, and lifelong learning.

The suggestions that stood out among the methods and strategies proposed by participants on the first day focused on supporting the implementation of future-oriented educational practices specific to the Karadeniz Technical University Faculty of Medicine. These included fostering interprofessional collaboration with other health-related disciplines, expanding international partnerships, increasing clinical immersion, and integrating educational technologies into the curriculum. A strong emphasis was placed on transitioning toward more student-centered and small-group learning approaches, and on reinforcing the institutional capacity of the Department of Medical Education. In parallel, diverse stakeholder groups—ranging from students and faculty members to public health institutions, Non-Governmental Organizations (NGOs), technology companies, and allied health professionals—outlined actionable roles they could assume. These included co-designing course content, contributing

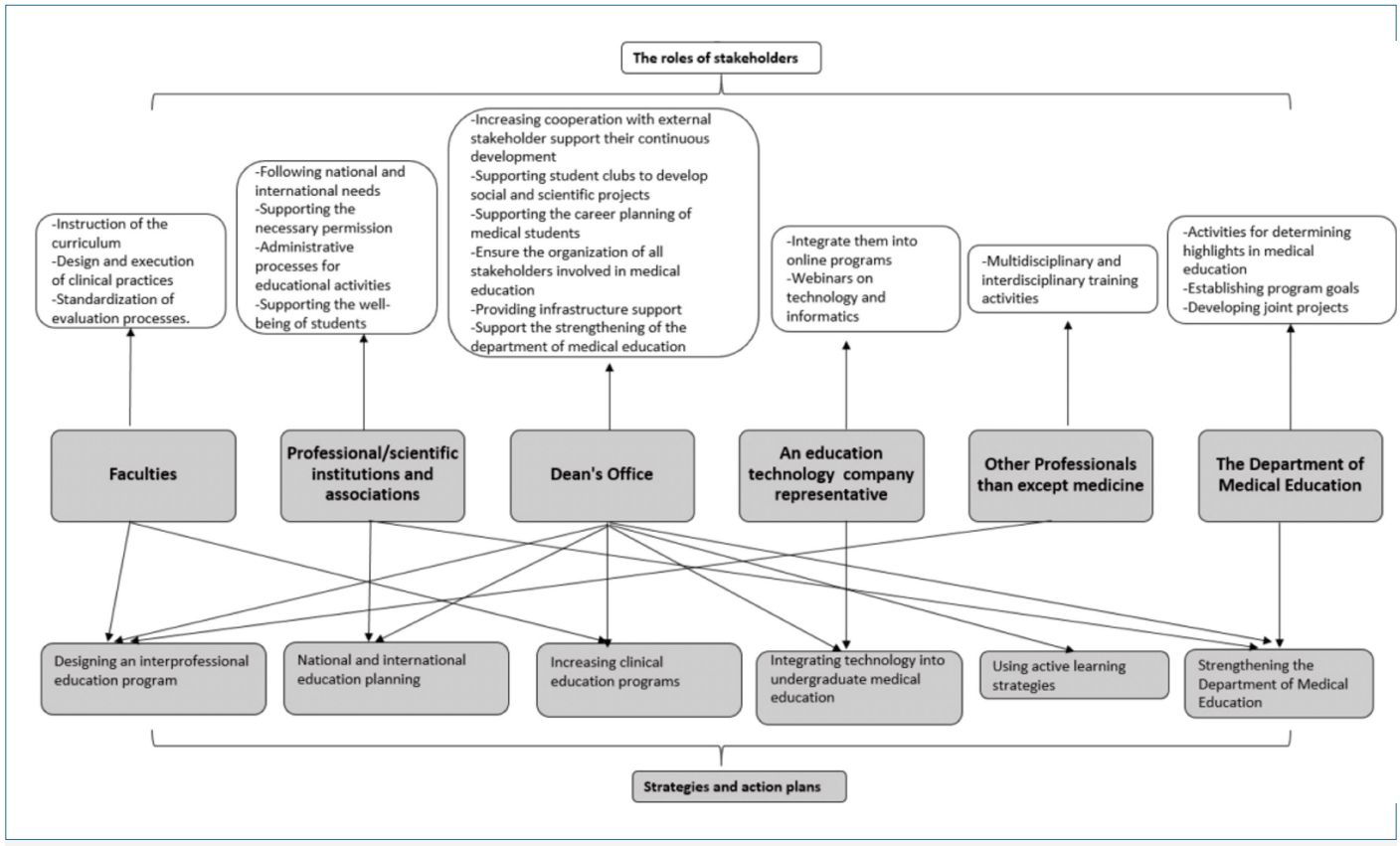


**Figure 5.** Stakeholder roles and strategic action plans in the development of medical education.

to educational technology development, supporting clinical and curricular reforms, facilitating mental health and well-being programs, and engaging in simulation-based and interdisciplinary training efforts. The Department of Medical Education was also highlighted as a central coordinating body for aligning educational goals and fostering cross-disciplinary collaboration. An overview of the proposed strategies and the corresponding stakeholder roles is presented in Figure 5.

After the Search Conference results were presented to the medical school as a report, our faculty shared the findings with the relevant committees and commissions. Recognizing the report's potential to guide the future of undergraduate medical education, faculty leadership prioritized revising the institution's mission and vision. Subsequently, extensive discussions were held with key stakeholders, resulting in the implementation of various curricular and institutional initiatives. These efforts were specifically designed to foster the graduate competencies identified during the Search Conference and to prepare students to meet the evolving healthcare needs of society in the 2030s. Table 1 provides an overview of the educational developments aligned with these competencies and their integration into the undergraduate curriculum.

## DISCUSSION

While discussing the results of the VISION2030 Search Conference, researchers should consider the anticipated healthcare needs worldwide in the coming years, as well as the graduate physician competencies required to meet these needs. In addition, the methodological differences and emerging perspectives of the VISION2030 Search Conference should be evaluated within the framework of strategies applied in defining the goals of medical faculties, the stakeholders involved in medical education, and those likely to influence medical education in the future.

### The Foreseen Needs in the Field of Health and Their Effects on the Definition of Health

The World Health Organization (WHO) emphasizes that future healthcare needs will be shaped by environmental and socioeconomic indicators. Environmental factors include global warming-related threats, disasters (fires, floods, heat waves, chemical contamination), food safety, and infectious diseases. Socioeconomic factors encompass aging, economic issues, inequalities, urbanization, migration, and technological advancements.[12]

**Table 1.** Graduate competencies revealed from the Search Conference and their institutional implementation in undergraduate medical education

| Graduate competencies revealed from the Search Conference | Educational activities and developments linked to graduate competencies |
|---|---|
| The mission and vision of the medical faculty were revised | |
| Design-oriented<br>Innovative<br>Technology-literate<br>Lifelong learner<br>Scholar<br>Self-regulated learner | • The "Scientific Research Vertical Programme" was revised to align with current research education goals.<br>• An "Educational Research Elective Programme" was developed to promote student engagement in academic inquiry.<br>• Training sessions aimed at developing reflective thinking skills were designed and implemented.<br>• A Design Thinking Unit was established, and a series of workshops were conducted to foster creative problem-solving skills.<br>• Courses were introduced on emerging topics such as clinical decision support systems, artificial intelligence, and machine learning.<br>• Learner-centered educational activities increased by approximately 30% over the past two years.<br>• Roundtable meetings were held to support students in their career planning processes.<br>• Faculty members and students collaborated through student clubs to provide mutual support for post-graduation career planning.<br>• The number of elective programs increased by approximately 20% within two years, with a specific focus on guiding students in career planning. |
| Medical expert<br>Health advocate<br>Communicator<br>Collaborator<br>Committed to ethical and professional values<br>Interdisciplinary work skills<br>Financial literacy | • Symptom-based integrated modules were developed using a multidisciplinary approach.<br>• An institutional system was established to ensure qualified and effective student representation, which continues to operate actively.<br>• A Social Accountability Module was developed and implemented as part of the curriculum.<br>• The number of student-led social responsibility projects under faculty mentorship increased by approximately 80% over the past two years.<br>• The integration of behavioral, human, and social sciences into the curriculum increased by approximately 25%.<br>• Structured early encounters between students, patients, and the community were arranged to enhance contextual learning.<br>• The Medical Ethics Vertical Programme was established as a core component of the curriculum.<br>• The "Professional Identity Formation" elective course was revised to reflect contemporary educational approaches.<br>• Educators from various health professions were incorporated into training programs to promote interprofessional learning.<br>• The "Interprofessional Teamwork Elective Programme," jointly developed by the faculties of medicine, dentistry, and nursing, was prepared for implementation but postponed to the 2025–2026 academic year due to the earthquake. |

By 2050, the global elderly population is expected to double, necessitating a shift from acute care models to systems prioritizing chronic disease management, multimorbidity care, and palliative services. Healthcare will increasingly focus on prevention and well-being rather than treatment.[13] Moreover, the growing integration of rapidly advancing technology will remain essential for early disease detection (e.g., genomic treatments), minimally invasive interventions, and improved rehabilitation, thereby reducing hospital stays.[14]

Future healthcare needs will require physicians to develop competencies in multimorbidity management, preventive medicine, and teamwork.[15,16] The rapid advancements in health technologies by 2050 will necessitate physicians' adaptation to innovations such as wearable technologies, artificial intelligence (AI)-assisted diagnostics, and portable laboratory devices.[16,17] The Accreditation Council for Graduate Medical Education (ACGME) warns that such developments may lead to the commodification of the medical profession and emphasizes the need for undergraduate medical education to foster physicians who continue to discover valuable treatments.[15]

Meanwhile, the Association for Medical Education in Europe (AMEE) highlights the impact of the global climate crisis on health systems, stressing the need to train sustainable healthcare providers. Future physicians should possess systematic thinking, interdisciplinary collaboration, reflective practice, evidence-based decision-making, and adaptability to complexity and uncertainty. AMEE envisions physicians as key actors in ecological crisis adaptation and mitigation.[18]

At the VISION2030 Search Conference, participants identified key factors shaping health in the 2030s, including the long-term effects of pandemics, new pandemics, migration, biological risks, dietary changes, rising healthcare costs, and technology/social media addiction—a divergence from existing medical school predictions. Additionally, genetic risk profiling is expected to play a crucial role in personalized healthcare, while technology addiction will likely be recognized as a mental health risk factor. The anticipated increase in the elderly population and chronic diseases will redefine health by emphasizing aging and the ability to meet age-related healthcare needs.

## The Current State of Medical Education and the Desired Medical Education in 2030s

Recent structural developments in modern medical education emphasize student-centered learning, problem-solving skills, and competency-based evaluation, aligning with societal needs.[19,20] To achieve these competencies, an outcome-based education approach has become dominant in medical faculties.[21] Additionally, accreditation bodies have been established to set standards, evaluate compliance, and accredit medical faculties.[22–24]

Our study revealed that participants recognized the current structure of medical education, emphasizing its alignment with accreditation criteria as a strength. They acknowledged that the curriculum facilitates the acquisition of essential physician competencies. However, key challenges included resistance to change among senior faculty members, insufficient infrastructure development amid rising student numbers, and the heavy clinical workload of faculty members, which limits their ability to provide adequate academic counseling and mentoring.

Looking ahead to the 2030s, participants highlighted key priorities for medical education, including:

- Enhancing clinical reasoning through technology
- Integrating personal needs-based education within communities
- Expanding the use of narrative medicine
- Adopting hybrid simulation-based training
- Increasing virtual learning opportunities
- Fostering international collaboration with shared infrastructure
- Involving multidisciplinary experts (e.g., software developers, engineers, sociologists, and legal professionals) in curriculum design
- Standardizing educational activities and evaluation processes.

The VISION2030 Search Conference facilitated interdisciplinary discussions, allowing participants to exchange insights on the strengths and areas for improvement of medical education, thereby enriching the dialogue on its future development.

## Physician Competencies That Will Be Needed in the 2030s

There are various perspectives worldwide on the outcome-oriented approach to medical education. The Canadian Medical Education Association (CanMED) is an important source of reference in medical education, with its framework targeting seven core competencies: medical expert, communicator, collaborator, leader, health advocate, professional, and scholar.[25] In a study conducted in Ontario, Canada, which examined the CanMEDs competency framework, it was argued that the doctor as a person was ignored in this framework and that the ability to maintain wellness and humanity should also be targeted in medical education.[26] Van der Lee et al.[27] further suggested that "advanced technology user" and "entrepreneur" should be included among the

competencies of the future physician. In the follow-up studies of Van der Lee et al.,[28] which included additional stakeholders such as midwives, nurses, and administrators, it was revealed that the skills of "reflective practice" and "separating personal and work life" should be included among future physician competencies. In our study, participants suggested that, in addition to the competency goals identified in the existing literature, technology literacy, financial literacy, innovative thinking, self-regulated learning skills, and design-oriented graduate competencies should also be targeted. Considering the limited resources of medical faculties, it was suggested that increasing national and international collaborations and joint training activities, supported by better infrastructure and opportunities aligned with institutional goals, would help students acquire the graduate competencies predicted to be needed in the 2030s. Participants also emphasized that a medical faculty structure should be established that allows transitions to different disciplines (e.g., software expertise in health, medical law, nursing, etc.) after completing basic medical education. In addition, participants proposed structuring educational activities to support the discovery and development of individual characteristics; designing educational environment in alignment with professional life (e.g., nursing, technical professions, and settings designed together with stakeholders such as patients and their relatives); providing training in emerging technologies (such as three-dimensional [3D] design); supporting well-being through the creation of modules; promoting the effective use of social media; and incorporating art into educational activities. These were presented as important suggestions for the future structuring of medical education.

While our study highlights emerging competencies such as financial literacy and design-oriented thinking, their integration into curricula is expected to follow a gradual process aligned with institutional capacities and long-term planning.

### Stakeholders Involved in Determining the Goals of Medical Faculties

Engaging stakeholders in medical education is essential for defining required physician competencies, structuring curricula, and assessing the societal impact of graduates.[29] Stakeholders are categorized into internal (faculty, administrative staff, students) and external groups, which operate at national (e.g., Ministry of Health, Medical Associations, Higher Education Institutions) and international levels (e.g., WHO, European General Practitioners Association).[30–32]

Medical faculties employ various stakeholder engagement methods in strategic planning. Harvard Medical School, for example, conducted an 18-month listening tour involving faculty, students, and other stakeholders, culminating in a 10-year strategic vision plan led by the Dean's Leadership Council.[32] Similarly, the University of Maryland School of Medicine consulted departments, centers, and programs through committee meetings to finalize its 2017-2022 strategic plan.[33] The University of Central Florida College of Medicine formed task forces, each developing initiatives in designated focus areas, ensuring broad representation across faculty and students, and integrating perspectives into its 2021 Strategic Plan.[34]

At a broader level, the Accreditation Council for Graduate Medical Education (ACGME) conducted a future-oriented strategy planning process for medical education by anticipating healthcare needs in 2035.[33] This process involved interviews with more than 100 healthcare professionals, the development of four healthcare scenarios, and two expert workshops where 50 global healthcare leaders designed a "United States Health System" model. The ACGME Board of Directors subsequently formulated strategies to align medical education with the proposed healthcare delivery models.[15]

A widely used method in medical faculty strategic planning is the Delphi technique.[35] This method gathers expert opinions, facilitates structured group communication, and evaluates uncertain issues both qualitatively and quantitatively. Despite variations in its application, key principles include expert anonymity, iterative surveys, statistical summaries of group opinions, and controlled feedback.[36]

The common features of the methods summarized in the examples above are that participants are health professionals or individuals serving in the provision of health services, greater emphasis is placed on expert opinions when determining future projections, and action plans regarding strategic goals are taken by the boards or commissions of the relevant institutions. One of the most important outputs of our study is that it offers a method to medical schools or institutions that provide training for health professionals. The main strengths that distinguish the Search Conference from existing practices are that non-health professionals and representatives who indirectly or directly contribute to, or are affected by, healthcare services were also included among the participants. For example, sociologists and NGO representatives emphasized the emerging risks of social media and technology addiction, and highlighted the importance of financial literacy as a future physician competency—points that might not have surfaced in a discussion limited only to health professionals. The strategic goals, methods, and roles of stakeholders related to institutional objectives were determined collectively. Thus, adopting and owning the goals developed together by all stakeholders in healthcare delivery will serve as the strongest driving force for the implementation and realization of strategic plans.

When the effects of the Search Conference on the Karadeniz Technical University Faculty of Medicine are examined, it becomes clear that efforts have been made to help medical students acquire the physician competencies necessary to manage healthcare services for society in the 2030s. It is already emphasized that a medical student who begins in the first year will graduate in six years, and therefore should be trained according to the health needs of the future, not just the present.[37] It has been observed that our faculty aims to develop an undergraduate medical curriculum that will enable students to learn self-directedly, develop problem-solving skills, work in teams, use technology efficiently and for the benefit of society, strengthen a product- and output-oriented approach, and acquire humane attitudes and behaviors.

### Limitations

This study has several limitations. First, although the Search Conference included a diverse group of stakeholders, the perspectives of some important groups—such as representatives from other faculties or national policymakers—were not represented. Second, the discussions could have been further enriched by including additional experts, such as medical educators from other institutions and medical futurists. Finally, the conference was conducted over two days; extending it to three days might have provided more time for in-depth discussions and for preparing a more comprehensive final report.

## CONCLUSION

Our stakeholders emphasized that the unknown long-term consequences of the pandemic, possible new pandemics, migrations and refugees, biological factors, possible changes in eating habits, increased individual healthcare needs, technology/screen and social media addiction, and rising healthcare costs will affect health status in the 2030s. In addition, the "genetically risky status" determined by genetic mapping will be very important in the management of individual healthcare. Physician competencies related to the ability to manage the healthcare needs of elderly persons will be important as well. In addition, participants suggested that graduate competencies such as technology and financial literacy, innovative thinking, self-regulated learning skills, and design-oriented thinking should be targeted for the 2030s. The most important strengths that distinguish the Search Conference from existing practices are that non-healthcare professionals and representatives who indirectly or directly contribute to, or are affected by, healthcare services were included among the participants. The strategic goals, methods, and stakeholder roles related to institutional objectives were determined collectively. This study provides the first data on the impact of the Search Conference method, showing how different stakeholders can contribute to the development of undergraduate education. By using the insights and foresight of stakeholders, medical schools should revise their targets and further develop their undergraduate medical education curricula. Thus, the Search Conference is a valuable method that has had important impacts on the development of our medical school.

**Ethics Committee Approval:** The Karadeniz Technical University Rectorate Faculty of Medicine Scientific Research Ethics Committee granted approval for this study (date: 09.12.2021, number: 2021-352).

**Informed Consent:** Since this study was based on retrospective document analysis and did not involve direct interaction with human participants or the collection of identifiable personal data, obtaining informed consent was not required. However, participants were informed during the conference that the data generated from the event could later be analyzed for institutional development purposes and shared in scientific publications.

**Conflict of Interest:** The authors have no conflict of interest to declare.

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**Appendix 1.** Stakeholders invited to the Search Conference

| **Stakeholders invited to the Search Conference:** |
|---|
| • Dean or Deputy Deans |
| • Students: Representatives from two separate groups (preclinical and clinical year students) were invited to each Search Conference |
| • Faculty members: Faculty members from three different levels were invited to each Search Conference |
| o 20 years or more, |
| o 10-20 years, |
| o 0-10 years, |
| • Non-governmental organizations: |
| o Representatives of the Provincial Branch of the Turkish Medical Association, |
| o Association of Family Physicians, |
| o Provincial Health Directorate, |
| o Patient Rights and Healthy Living Association |
| • Faculty members of the Sociology Department, |
| • Psychologist, |
| • Other healthcare professionals: dentist, nurse, physiotherapist, radiation technician, emergency medicine technician, paramedic, etc. |
| • Educational technology experts, |
| • CEO of a company specializing in medical education technology, |
| • Alumni |