

# Exploration on the Comprehensive Management Model of “One-Stop” Student Communities in Chinese Medical Colleges and Universities

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**How to cite this paper:** Xia, Y. F., Shen, D., Huang, J. Y., Zhao, W. J., Wang, Y. Y., Tang, R., & Lu, H. (2025). Exploration on the Comprehensive Management Model of “One-Stop” Student Communities in Chinese Medical Colleges and Universities. *Open Journal of Social Sciences*, 13, 311-319.

<https://doi.org/10.4236/jss.2025.139018>

**Received:** August 24, 2025

**Accepted:** September 21, 2025

**Published:** September 24, 2025

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## Abstract

Against the backdrop of the deepening reform of medical education and the “all-round, whole-process, and all-staff education” concept, this review systematically sorts out the theoretical connotations and practical paths of the integrated management model of “one-stop” student communities in medical colleges and universities. By analyzing typical cases at home and abroad, it explores the core value of this model in medical talent cultivation, dissects key challenges during the construction process—such as resource integration, faculty allocation, and technical support—and proposes future optimization directions in combination with the development trends of intelligentization and specialization. This study aims to provide theoretical reference and practical insights for medical colleges and universities to build an education system with medical characteristics, thereby promoting the high-quality development of medical education.

## Keywords

Medical colleges and Universities, One-Stop Student Community, Integrated Management Model, Medical Education Reform

## 1. Introduction

Driven by both the “Healthy China 2030” strategy and the construction of “Double First-Class” in higher education, medical education is undergoing a transformation from knowledge imparting to the cultivation of compound talents. In 2019, the Ministry of Education of China officially launched the pilot work for the reform of the “One-Stop” student community comprehensive management

model, selecting 10 universities for the first batch of pilots. In 2022, the coverage expanded to 1,447 universities, and in 2023, it was clearly required that all universities in the country “build as they should”, forming a comprehensive promotion trend. By 2025, this model has become an important part of the university education system. As an important carrier for the Ministry of Education of China to promote the innovation of university education models, the “One-Stop” student community constructs a new management model of “Party building leadership, resource integration, and service integration” by sinking management, service, and education functions to student living spaces. This model has achieved remarkable results in ordinary universities, but in the field of medical education, due to medical students facing high academic pressure, long-term clinical practice, and strict requirements for professional literacy, the in-depth integration of the “One-Stop” student community management model with professional characteristics is still in the exploration stage (Onchang & Hawker, 2018). This study aims to analyze the unique value and development path of the “One-Stop” student community in medical colleges and universities by systematically sorting out the theoretical basis and practical cases of the “One-Stop” student community, so as to provide new ideas for deepening the reform of medical education.

## **2. “One-Stop” Student Community: Theoretical Origin and Adaptability to Medical Education**

### **2.1. Theoretical Connotation and Development Context**

The concept of the “One-Stop” student community originates from the “Living-Learning Community” philosophy in European and American universities, which emphasizes the organic integration of learning spaces and living spaces to promote the coordinated development of students’ academic and social abilities. In 2021, the Ministry of Education of China proposed the construction of a “One-Stop” student community comprehensive management model in colleges and universities, positioning it as an important starting point for implementing the “Three-All Education” (Three-All Education refers to an educational philosophy centered on “all-member participation in education, whole-process education, and omnidirectional education”, aiming to establish a comprehensive, systematic, and collaborative educational framework that fosters students’ all-round development in morality, intelligence, physical fitness, aesthetics, and labor skills). In the traditional student management model, functions such as dormitory management, academic guidance, psychological counseling, and employment services are often scattered across different departments, requiring students to travel to multiple locations to handle affairs (Moser et al., 2015). The “One-Stop” student community comprehensive management model breaks through the boundaries of traditional management. Through the integration of physical spaces and the linkage of internet platforms, it centralizes functions such as student affairs, living services, and growth support, forming a “service supermarket” effect and achieving precise alignment between educational resources and students’ needs.

## 2.2. The Particularity of Medical Education Scenario

The cultivation of talents in medical colleges and universities is characterized by a long learning cycle, a long practical cycle, a long professional growth cycle, strong professionalism, strong standardization, and high ethical requirements. Due to the in-depth integration of its professional characteristics and educational goals, the one-stop student community presents significant particularities in the context of medical education. First of all, the spatial functions are highly specialized. In addition to conventional living facilities, it is necessary to integrate laboratory resources, such as the reservation of clinical skills training centers, to form an integrated “teaching-training-living” space. This space supports students in conducting case discussions, skill operations and emergency drills at any time, so as to strengthen their clinical thinking and practical operation abilities. Secondly, health services are integrated into community management. In view of the long-term high academic pressure faced by medical students, the one-stop student community needs to be equipped with professional psychological counseling rooms, health monitoring equipment and occupational protection training modules. Through regular mental health screening and stress management lectures, a health support system for students is built (Carter-Veale et al., 2016). Thirdly, interdisciplinary collaboration scenarios are normalized. Medical education emphasizes multi-disciplinary integration. The one-stop student community can promote students majoring in clinical medicine, nursing, public health and other fields to jointly complete scientific research projects by establishing scientific research discussion rooms and interdisciplinary case discussion rooms, thereby cultivating their team communication and comprehensive decision-making abilities. In addition, the one-stop student community also needs to strengthen ethical education scenarios. For example, through carriers such as medical humanities corridors and doctor-patient communication simulation rooms, it infiltrates bioethics and medical ethics norms to shape the professional values of medical students. The particularities of medical colleges and universities make the one-stop student community a key carrier for the transformation of medical education from knowledge imparting to ability cultivation and humanistic infiltration.

## 3. Core Functions and Practical Paths of One-Stop Student Community in Medical Colleges and Universities

### 3.1. Medical Resource Integration and Collaborative Education Mechanism

Medical students feature strong practicality in their training process; therefore, when setting up one-stop student communities, medical colleges and universities should take these communities as the hub and create a favorable learning ecosystem for students through spatial reconstruction, resource linkage, and data empowerment. Medical colleges and universities can achieve resource integration by establishing 24-hour study areas, medical humanities libraries, and laboratory reservation functions (Tie et al., 2024). Meanwhile, they need to identify students’

personal development needs, analyze students' learning trajectories based on their daily data, provide personalized career guidance, and help students adapt to the clinical work environment in advance. At the same time, they should make full use of the advantages of one-stop student communities to provide mental health services. In response to psychological issues faced by medical students, such as academic pressure and doctor-patient conflict pressure, a narrative medicine intervention model should be introduced to alleviate psychological anxiety through methods like writing clinical stories and role-playing. Narrative medicine guides students to deeply empathize with patients' experiences, reconstructs their clinical cognitive frameworks, effectively compensates for the deficiencies in humanistic care and communication skills within traditional medical education, and cultivates composite talents who integrate both professional expertise and empathetic clinical competence.

### 3.2. Construction of Intelligent Service System

Intelligentization is an important support for improving the service efficiency of one-stop student communities. By building an intelligent service system and integrating multi-source information such as the academic administration system, all-in-one card data, and online learning platforms, a comprehensive profile of each student is created, which provides data support for personalized services and effectively enables the accurate provision of education-related services. For instance, based on the analysis of learning behavior data, a personalized library of surgical video resources can be pushed to students majoring in clinical medicine; through the mining of consumption data, students with financial difficulties can be identified and automatic reminders for applying for grants can be triggered. At the technical level, various colleges and universities can try to develop a "Community Service APP" that integrates functions such as course reservation, activity registration, and psychological assessment. Meanwhile, deploying intelligent service robots to handle routine consultations can effectively improve the work efficiency of administrative staff. In light of the characteristics of medical colleges and universities, the one-stop student community can jointly build a medical-education collaborative information platform with affiliated hospitals, realizing real-time sharing of clinical cases and interactive distance teaching, thus making the student community a bridge connecting classrooms and clinical practice (Song et al., 2017). This kind of technical empowerment not only improves service efficiency but also reconstructs the growth ecosystem of medical students, providing strong support for cultivating medical talents adaptable to the digital era.

## 4. Case Study of One-Stop Student Community

Countries around the world have carried out extensive practices in the construction of one-stop student communities in medical colleges and universities. Their core concept is to improve the quality of medical education, and the key link is the in-depth integration of clinical resources and living spaces. The Johns Hop-

kins University School of Medicine in the United States adopts a “dormitory mentorship system”, where senior doctors serve as life mentors for students and regularly organize case discussion meetings and career development salons. The National University of Singapore has established a medical humanities center in its student community, which strengthens medical students’ awareness of humanistic care through art exhibitions and patient story-sharing sessions. China Medical University has built a “Red Medical Culture Community”, inheriting the red medical spirit by restoring historical scenes of red medical care and conducting field rescue drills. Southern Medical University in China has constructed a community-hospital linkage mechanism to realize 5G+4K medical-education collaborative live broadcasting; students can watch real-time operating room live broadcasts through community terminals and interact online with the attending surgeons. These cases show that the combination of localization and specialization is an important direction for the construction of one-stop communities in medical colleges and universities. In summary, medical schools worldwide are advancing the construction of one-stop student communities through diversified approaches, including integrating clinical resources, innovating educational models, strengthening humanistic cultivation, and leveraging technological empowerment. These strategies collectively provide replicable practical paradigms for enhancing the quality of medical education and improving talent development outcomes.

## **5. Core Challenges in the Construction of One-Stop Student Community in Medical Schools**

### **5.1. Complexity of Resource Integration and Collaborative Mechanism Construction**

The primary challenge in the construction of one-stop student communities in medical colleges and universities lies in the integration of cross-departmental resources and the establishment of a collaborative mechanism. Medical education resources are highly scattered across multiple entities, such as the Academic Affairs Office, clinical medical colleges, teaching hospitals, and logistics groups, and these entities exhibit significant differences in management objectives and operation mechanisms (Zhang, 2025). For instance, colleges focus more on teaching and scientific research, while student communities prioritize education-related services, often leading to conflicts between the two in terms of resource allocation priorities. Additionally, as independent legal entities, the teaching hospitals of medical colleges and universities have their teaching investment constrained by the pressure of medical services, making it difficult to stably allocate clinical teaching resources to communities. In terms of collaborative mechanisms, the traditional bureaucratic management model results in rigid information barriers between departments, and cross-departmental data sharing required for student community construction is often hindered by issues related to data access permissions (Shuang et al., 2024). To address this challenge, it is necessary to establish

an interest coordination mechanism among all parties, clarify the rights and responsibilities of each party through signing resource-sharing agreements, and introduce a digital collaboration platform to realize process reengineering—such as developing a cross-departmental work order system that automatically distributes community service demands to responsible departments and tracks the progress of task completion. There is an overlap in rights and responsibilities among the administrative, teaching, and clinical departments of medical colleges and universities, which easily leads to low efficiency in resource allocation during community construction. Although some universities have set up community management offices, these offices lack substantial decision-making power and thus struggle to coordinate off-campus resources such as affiliated hospitals and research institutions.

## **5.2. The Contradiction between the Characteristics of Medical Profession and the Adaptation of Community Function**

There exists an in-depth contradiction between the characteristics of high intensity and long cycle of medical education and the life-oriented positioning of one-stop student communities. The curriculum load of medical students is 1.5 to 2 times that of students in ordinary majors, and during the clinical internship phase, they even need to be stationed in hospitals around the clock, resulting in a phenomenon where the use of community spaces is “idle on a daily basis but overcrowded before exams”. Most students only utilize the study rooms during final exam revision periods, while services such as daily health counseling and career development support remain underused throughout the rest of the term (Zhang, 2024). In addition, the particularity of the medical profession requires that student community services must have professional depth; for example, mental health support needs to cover issues unique to medical students, such as professional burnout and doctor-patient conflicts. However, most of the existing staff lack a background in clinical psychology, making it difficult for them to provide effective intervention. In terms of space design, the leisure and entertainment facilities in traditional one-stop student communities often include coffee bars and audiovisual rooms, which are mostly misaligned with the needs of medical students. In contrast, professional facilities such as anatomical model displays and virtual surgery training are difficult to meet students’ needs due to constraints such as laboratory supervision and costs.

## **6. Future Development Trend and Optimization Strategy**

### **6.1. Resource Integration to Build a Dynamic Collaborative Network**

To address the issue of difficult resource integration, on one hand, it is necessary to establish an interest linkage mechanism across multiple entities to promote the in-depth participation of off-campus resources such as teaching hospitals and research institutions in community construction. Hospitals can be allowed to offset

their teaching task volume with the hours spent on student community services, or joint funds for community construction can be set up with enterprises to form a positive cycle. On the other hand, relying on digital technology, an intelligent scheduling platform for medical education resources should be developed to integrate data from the academic administration system, hospital scheduling system, and student community space management system. Machine learning algorithms can be used to predict peak student demand and automatically adjust key parameters such as the opening hours of study rooms and the frequency of clinical tutor assignments. To tackle the problem of overlapping rights and responsibilities, project-based management can be implemented: community construction is broken down into specific task packages, the responsible entities are identified, and the person in charge is granted cross-departmental coordination authority to improve execution efficiency. In the future, resource integration in medical colleges and universities will break through traditional departmental boundaries and move toward open sharing (Zhang, 2024).

## 6.2. Function Adaptation to Build a Student Community Service System with Distinct Medical Characteristics

To address issues related to spatial design, one-stop student communities can transform leisure areas into collective exam preparation spaces during exam weeks, equipped with intelligent Q&A robots; during periods with fewer laboratory courses, some clinical skills centers can be opened as research and innovation workshops in the student community, providing students with a platform to develop medical science popularization products (Wu, 2025; Li, 2025). To tackle the shortage of professional facilities, coordination can be made with laboratory management departments for equipment sharing—reservation services for equipment such as anatomical models and virtual surgery systems in laboratories can be made available through the one-stop student community, and a point system for equipment usage can be developed to encourage students to participate in equipment maintenance and management (Zheng & Qin, 2025). In addition, it is necessary to establish a medical quality certification system for student community services, where clinical experts regularly evaluate the professionalism of services such as mental health counseling and career planning guidance to ensure that service effectiveness meets the standards for medical talent cultivation. In the future, the professional characteristics of medical disciplines will drive the in-depth transformation of the functions of one-stop student communities in medical colleges and universities toward precision and specialization (Chen, 2025).

## 7. Conclusion

The integrated management model of one-stop student communities in medical colleges and universities is an important innovation for promoting the high-quality development of medical education. By integrating medical characteristic resources, innovating education mechanisms, and introducing intelligent technolo-

gies, one-stop student communities can effectively address key issues in the training process of medical students. In the future, it is necessary to further strengthen inter-departmental collaboration, optimize the faculty structure, and improve technical support, so as to build a new medical education paradigm with Chinese characteristics and cultivate more medical talents with both integrity and ability for the Healthy China strategy.

## Acknowledgments

This study was supported by the Ninth Phase Educational and Teaching Reform Research Project of Dali University (JG09325) and the Research Project on Educating People of Dali University (YRKTY202408).

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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