

From "Disciplinary Space" to "Life Harbor": Dilemmas and Path Optimization of the "One-Stop" Student Community Construction in Medical Universities Based on the "Fengqiao Experience"

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Abstract: Students in medical universities are confronted with heavy academic pressure, anticipated high-risk occupational exposure, and complex humanistic and ethical challenges. Their mental health is directly linked to the quality of the future medical and health workforce. At present, the construction of "one-stop" student communities in medical universities generally presents a structural dislocation of "valuing hardware over software, emphasizing management over education". Based on the governance logic of the "Fengqiao Experience" and combined with the psychological characteristics of medical students, this paper proposes to construct a four-dimensional education system of "life education – grid autonomy – precise service – source prevention and control", aiming to build the student community into a "life harbor" that safeguards the physical and mental health of medical students.

Keywords: Medical Universities, One-stop student community, Fengqiao Experience, Life education, Path optimization.

1. Era Background and Theoretical Basis

1.1. Era Background of "One-Stop" Student Community Construction

Against the background of the high-quality development of higher education in the new era, the construction of a comprehensive management model for "one-stop" student communities has become an important measure for universities to implement the fundamental task of fostering morality and cultivating people [1]. Since the Ministry of Education launched the pilot program for the construction of a comprehensive management model for "one-stop" student communities in 2019, universities have actively explored the integration of leadership, management, ideological and political, and service forces into students' daily life, building an integrated educational and living space that incorporates ideological education, teacher-student communication, cultural activities, and life services [2].

For medical universities, the construction of "one-stop" student communities carries special significance. Medical students undergo a long training period, endure heavy academic pressure, and face high professional requirements, thus needing all-round support and guidance in the community. Nevertheless, the current construction of "one-stop" communities in medical universities still encounters numerous challenges, calling urgently for innovative governance models [3].

1.2. Theoretical Connotation and Era Value of the "Fengqiao Experience"

The "Fengqiao Experience" originated in Fengqiao Town, Zhuji, Zhejiang Province in the 1960s, with the core essence of "mobilizing and relying on the masses, resolving conflicts locally without escalating them to higher authorities". After

60 years of development, it has become a model of grassroots social governance in the new era. Its concepts of "people-oriented, prevention-first, comprehensive governance, and co-construction and sharing" provide important references for the governance of university student communities [4-6].

Applying the "Fengqiao Experience" to the construction of "one-stop" student communities in medical universities means upholding the dominant position of medical students, resolving conflicts and disputes at the incipient stage, building a harmonious and orderly community environment, and providing solid support for cultivating outstanding medical talents [7].

2. Reality Review: The "Three Dislocations" in the Construction of "One-Stop" Communities in Medical Universities

Based on an in-depth analysis of the characteristics of medical students, the current construction of "one-stop" student communities in medical universities presents a prominent "supply-demand dislocation" in mental health education.

2.1. Structural Dislocation in Resource Input: Imbalance Between Hardware and Software

Current community construction tends to prioritize the improvement of life service facilities, such as dormitory hardware upgrades, study room construction, and daily convenience facilities, while insufficient investment is made in "cultural infiltration" and "organizational support" – the most effective ways to alleviate medical students' anxiety. For medical students, cold laboratory equipment and tedious professional textbooks occupy most of their daily life, leaving them short of a "flexible space" to relieve occupational

pressure and nourish humanistic spirit [8].

This input model of valuing hardware over software results in well-equipped communities with insufficient cultural atmosphere, failing to meet the deep-seated spiritual needs of medical students. When facing academic pressure, clinical internship challenges, and career planning confusion, medical students often lack effective psychological support channels.

2.2. Professional Dislocation in Education Content: Conflict Between Universality and Specificity

The mental health education model of ordinary universities cannot be directly applied to medical universities. Medical students face not only common adaptation problems of college students but also special psychological challenges such as "fear of dissection rooms", "frustration in clinical internships", "anxiety about doctor-patient relationships", and "confusion about life and death". Existing community services often lack a psychological support system tailored to the professional attributes of medicine.

Medical students need not only general mental health services but also specialized services combined with medical professional characteristics, such as career planning guidance, professional ethics education, and doctor-patient communication training. The supply of such services in current "one-stop" communities is obviously insufficient.

2.3. Suspended Dislocation in Governance Mechanism: Separation Between Explicit Management and Implicit Education

Traditional management models often stop at explicit management such as dormitory access control, hygiene inspection, and safety patrols, with organizational tentacles failing to penetrate into students' spiritual world. From the perspective of the "Fengqiao Experience", this "suspended governance" leads students to bear academic or occupational pressure alone, failing to achieve the governance goal of "no conflicts handed over to higher authorities, no safety incidents".

The governance of student communities in medical universities needs to shift from "management" to "governance", extend from "explicit" to "implicit", truly reach the depth of students' thoughts, and solve their practical difficulties.

3. Path Construction: A "Four-Dimensional Governance" Model for Medical University Communities Based on the "Fengqiao Experience"

In response to the above dilemmas, we should deeply integrate the "Fengqiao Experience" with the laws of medical education to build a new paradigm of "one-stop" student community governance with medical characteristics.

3.1. Remolding the "Latency Maintenance – Life Education" Mechanism: Alleviating Occupational Burnout with Humanism

Empirical studies have confirmed that cultural activities are the core variable in relieving anxiety. For medical students, the upgrading of a simple "living community" to a "life education field" is essential.

3.1.1. The Construction of An Unobtrusive Yet Warm Cultural Space

Monotonous dormitory corridor decorations should be replaced with medical humanities corridors, life education theme walls, and stress-relief art corners. Local medical cultural resources in Wenzhou should be utilized to carry out activities such as "Medical Journey and Heart Talk" reading clubs, narrative medicine workshops, and medical history salons, enabling medical students to release pressure and reshape professional identity in informal communication.

3.1.2. The Construction of a Silent Moral Governance System

In order to meet the needs of urban development and population growth, a large number of farmland has been converted into construction land, and over-exploitation of land resources has damaged the ecological environment and degraded the ecosystem function.

3.1.3. The Construction of a Silent Moral Governance System

The traditional medical ethics of "great medical sincerity" should be integrated with mental health education. Students' psychological resilience and professional literacy can be enhanced imperceptibly through exemplary roles (e.g., inviting famous doctors to share medical experiences in the community) and peer guidance (e.g., experience sharing by outstanding medical students).

3.2. Constructing the "Core – Grid" Collaboration Mechanism: Activating Governance Nerves with Autonomy

Organizational systems are the key to resolving conflicts, and medical universities are supposed to establish a three-dimensional governance system of "Party building + grid + autonomy".

3.2.1. The Strengthening of The Building Gateway

The establishment of "Party branches in buildings" should be promoted, with "Party member psychological liaisons" and "floor leaders" set up. Especially in an open city like Wenzhou, with a large number of international and out-of-town students, a multilingual psychological support network should be constructed to ensure timely and effective help for every student.

3.2.2. The Activation of Student Autonomy

Student autonomous organizations such as "Medical Student Mutual Aid Society", "Peer Psychological Supervision Group", and "Academic Support Group" should be established. Students should be encouraged to participate in formulating community rules, such as the Dormitory Civilization Convention and Community Safety Code, so as to enhance medical students' sense of belonging and ownership through "participatory governance", which can truly achieve the governance goal of "small issues resolved within the building".

3.3. Establishing the "Data-Driven – Precise Response" Mechanism: Improving Service Efficiency with Smart Governance

In view of the heavy academic pressure and scattered internships in medical universities, precise intervention can be realized through big data technology.

3.3.1. The Construction of a Holographic Portrait

Multi-dimensional data including academic performance,

psychological assessment (SAS/SDS), campus card consumption, access control records, and online behavior should be integrated. Special groups such as students with "high failure rates", "financial difficulties", "high internship pressure", and "family changes" should be focused on, and a three-level early warning mechanism of "red-yellow-blue" should be established to realize precise identification and dynamic tracking of key students.

3.3.2. The Implementation of Targeted Intervention

Resources should be shifted from simple hardware maintenance to heart-to-heart services. For example, part of the funds can be converted into a "psychological support fund for clinical internships", senior clinicians can be employed as "community mentors" to provide career psychological counseling for interns, and an "academic early warning and support mechanism" can be established to offer personalized academic guidance for students with academic difficulties.

3.4. Establishing the "Source Prevention – Crisis Intervention" Mechanism: Safeguarding the Bottom Line of Safety with Collaborative Governance

The principle of "no conflicts handed over to higher authorities" should be adhered to, and a home-school-hospital-community linkage mechanism should be established.

3.4.1. Forward-Looking Gatekeeping

Life education and stress management training should be carried out for freshmen at the enrollment stage. Courses such as "Medical Student Adaptation Education" and "Career Planning Guidance" can help students establish correct professional cognition and psychological expectations, thus preventing psychological crises at the source.

3.4.2. Multi-party Linkage

A rapid response channel of "counselor – psychological center – affiliated hospital – parents" should be built. For students with severe mental health problems, the green channel can be activated at the first time to realize the effective connection between medical and educational resources. Meanwhile, a "community-hospital" internship practice base can be established to enable students to obtain professional guidance and psychological support in a real medical environment.

4. Conclusion

In 2026, the construction of "one-stop" student communities in medical universities is not only a transformation of physical space but also a profound reform of education philosophy. Guided by the "Fengqiao Experience", we should closely focus on the professional characteristics and psychological needs of medical students, and build the student community into a life growth community integrating living, ideological guidance, psychological support, and career development [9-10].

By constructing the four-dimensional governance model of "life education – grid autonomy – precise service – source

prevention and control", we can effectively resolve the dilemmas in the current construction of "one-stop" communities in medical universities, and provide solid support for cultivating outstanding new-era medical talents who embody "to cure sometimes, to relieve often, to comfort always". This is not only an innovative development of the "Fengqiao Experience" but also a profound grasp of the laws of medical education in the new era.

Looking ahead, the construction of "one-stop" student communities in medical universities needs continuous improvement in practice. We should adhere to the core concept of "people-oriented", combine the special laws of medical education, and truly build the community into a "life harbor" that safeguards the physical and mental health of medical students, cultivating more outstanding medical and health talents for the construction of a Healthy China.

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