Færnibúðir eru haldnar í Hermisetrinu Skaftahlíð 24, tvisvar á ári eða eftir þörfum.

Þær eru auglýstar reglulega á Workplace og skrá sérnámslæknar sig þar. Oftast er boðið upp á fjögur inngrip, tvö fyrir hádegi og tvö eftir hádegi. Hámarksfjöldi í hvert skipti eru 12 sérnámslæknar sem skipt er upp í tvo hópa. Frekari upplýsingar veitir kennslustjóri lyflækninga.

Practical procedures – minimum requirements	IMY1	IMY2	IMY3
Advanced cardiopulmonary resuscitation (CPR)	Skills lab or satisfactory supervised practice	Participation in CPR team	Leadership of CPR team
Temporary cardiac pacing using an external device	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
Ascitic tap	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain <sup>a</sup>
Lumbar puncture	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain <sup>a</sup>
Nasogastric (NG) tube	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain <sup>a</sup>
<b>Pleural aspiration for fluid (diagnostic)</b> It can be assumed that a trainee who is capable of performing pleural aspiration of fluid is capable of introducing a needle to decompress a large symptomatic <b>pneumothorax</b> . Pleural procedures should be undertaken in line with the British Thoracic Society guidelines <sup>b</sup>	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain <sup>a</sup>

Access to circulation for resuscitation (femoral	Skills lab or satisfactory supervised	Skills lab or satisfactory supervised	Skills lab or satisfactory supervised
vein or intraosseous) The requirement is for a minimum of skills lab training or satisfactory supervised practice in one of these two mechanisms for obtaining access to the circulation to allow infusion of fluid in the patient where peripheral venous access cannot be established	practice	practice	practice
Central venous cannulation (internal jugular or subclavian)	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
Intercostal drain for pneumothorax	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
Intercostal drain for effusionPleural procedures should be undertaken in linewith the British Thoracic Society guidelines b	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
Direct current (DC) cardioversion	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain <sup>a</sup>
Abdominal paracentesis	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice