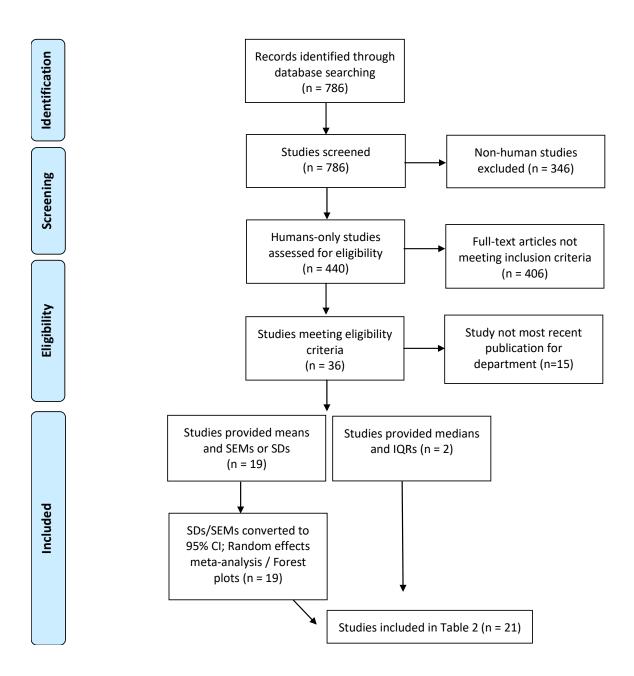
Supplementary Digital Appendix 1

Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Flow Diagram



"H-index" was searched on PubMed with a result of 786 studies. Of these, 440 humans-only studies were assessed for eligibility and 406 were excluded if they were retracted, not available online, did not include h-indices AND/OR total n values, and those that were review articles. The remaining 36 studies were analyzed and where multiple studies existed for the same department,

the most recent publication was used. If studies provided means, SEMs or SDs, they were converted to 95% confidence intervals and used in the meta-analysis. Studies that provided medians and interquartile ranges were included in data tables but not in the meta-analysis. Template from: Moher D, Liberati A, Tetzlaff J, Altman DG; PRISMA Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA statement. PLoS Med. 20149;6:e1000097.

Supplementary Digital Appendix 2 MOOSE Checklist for Meta-analysis of Observational Studies in Epidemiology

| Item No | Recommendation | Reported in Section | | |
|-----------|---|------------------------|--|--|
| Reporting | of background | | | |
| 1 | Problem definition | Introduction | | |
| 2 | Hypothesis statement | Introduction | | |
| 3 | Description of study outcome(s) | Methods | | |
| 4 | Type of exposure or intervention used | Methods | | |
| 5 | Type of study designs used | Methods | | |
| 6 | Study population | Methods | | |
| Reporting | of search strategy should include | | | |
| 7 | Qualifications of searchers (e.g., librarians and investigators) | Methods | | |
| 8 | Search strategy, including time period included in the synthesis and key words | Methods | | |
| 9 | Effort to include all available studies, including contact with authors | Methods | | |
| 10 | Databases and registries searched | Methods | | |
| 11 | Search software used, name and version, including special features used (e.g., explosion) | Methods | | |
| 12 | Use of hand searching (e.g., reference lists of obtained articles) | Methods | | |
| 13 | List of citations located and those excluded, including justification | Methods, References | | |
| 14 | Method of addressing articles published in languages other than English | Methods | | |
| 15 | Method of handling abstracts and unpublished studies | Methods | | |
| 16 | Description of any contact with authors | Methods | | |
| Reporting | of methods should include | | | |
| 17 | Description of relevance or appropriateness of studies assembled for assessing the hypothesis to be tested | Methods | | |
| 18 | Rationale for the selection and coding of data (e.g., sound clinical principles or convenience) | Methods | | |
| 19 | Documentation of how data were classified and coded (e.g., multiple raters, blinding and interrater reliability) | Methods | | |
| 20 | Assessment of confounding (e.g., comparability of cases and controls in studies where appropriate) | NR | | |
| 21 | Assessment of study quality, including blinding of quality assessors, stratification or regression on possible predictors of study results | Methods, Table 1 | | |
| 22 | Assessment of heterogeneity | Methods | | |
| 23 | Description of statistical methods (e.g., complete description of fixed or random effects models, justification of whether the chosen models account for predictors of study results, dose-response models, or cumulative meta-analysis) in sufficient detail to be replicated | Methods | | |
| 24 | Provision of appropriate tables and graphics | Results | | |

| Reportin | g of results should include | |
|----------|---|------------------------|
| 25 | Graphic summarizing individual study estimates and overall estimate | Results |
| 26 | Table giving descriptive information for each study included | Results |
| 27 | Results of sensitivity testing (e.g., subgroup analysis) | Results |
| 28 | Indication of statistical uncertainty of findings | Discussion |
| Reportin | g of discussion should include | |
| 29 | Quantitative assessment of bias (e.g., publication bias) | Discussion |
| 30 | Justification for exclusion (e.g., exclusion of non-English language citations) | Methods |
| 31 | Assessment of quality of included studies | Results, Discussion |
| Reportin | g of conclusions should include | |
| 32 | Consideration of alternative explanations for observed results | Discussion |
| 33 | Generalization of the conclusions (i.e., appropriate for the data presented and within the domain of the literature review) | Discussion |
| 34 | Guidelines for future research | Discussion |
| 35 | Disclosure of funding source | Disclosures |

Supplementary Digital Appendix 3 PICOS Inclusion Criteria for Population, Intervention, Control, Outcome, and Study Design

| Population Faculty in academic medicine with reported h-index. | | | | | |
|--|--|--|--|--|--|
| Intervention | None. Study must report h-index. | | | | |
| Control | N/A | | | | |
| | H-index, either as mean or median. Other publication metrics if available, including number of citations, number of publications, m-index. | | | | |
| Study design | Observational studies. | | | | |

Supplementary Digital Appendix 4

Mean Number of Publications by Academic Rank and Subspecialty

| | | | Instru | ctor | tor Assis | | Associate | | Full | | Chair | | | |
|----------------------------|------------------|---------|--------|------|-----------|-------|-----------|-------|--------|-------|--------|-----|-----------|-----------|
| | | N total | | | Mean | | Mean | | | n | | n | Reference | |
| | | faculty | - | | publica | | public | | public | | public | | | published |
| | | | ations | | tions | | ations | | ations | | ations | | | |
| Anesthesiology | Cardiothoracic | 259 | 2 | 8 | 7 | 123 | 30 | 56 | 59 | 63 | 120 | 9 | 24 | 2011 |
| Gastroenterology * | , | 2043 | 3.25* | 136 | 7.5* | 817 | 31* | 470 | 87.5* | 620 | | | 31 | 2016 |
| | Gastroenterology | 80 | | | 5.4 | 28 | 34.4 | 25 | 109.8 | 27 | | | 12 | 2016 |
| Pediatrics | General | 116 | | | 4.7 | 29 | 30.3 | 29 | 85.7 | 28 | 111.9 | 30 | 12 | 2016 |
| | Nephrology | 80 | | | 8.7 | 28 | 32.1 | 25 | 83.9 | 27 | | | 12 | 2016 |
| Radiology | | 538 | | | 17 | 212 | 41 | 128 | 128 | 198 | | | 1 | 2016 |
| Radiation oncology | | 986 | | | 15.7 | 465 | 41.8 | 251 | 118.7 | 195 | 146.8 | | 26 | 2017 |
| Sports medicine | | 313 | | | 21 | 134 | 45 | 88 | 121 | 91 | | | 25 | 2016 |
| Surgery | General | 129 | | | 21.3 | 74 | 42 | 55 | | | | | 17 | 2017 |
| Totals (with | | 4,544 | | 144 | | | | | | | | | | |
| mean and median values) | | | | | | 1,910 | | 1,127 | | 1,249 | | 114 | | |

*Asterisk denotes median values instead of mean values.

| Within Number of Citations by Academic Nank and Subspecialty | | | | | | | | | | | | | | |
|--|------------------|---------|------------|---|-----------|-------|-----------|-----|-----------|-----|-----------|----|-----------|-----------|
| | | | Instructor | | Assistant | | Associate | | Full | | Chair | | | |
| | | N total | Mean | n | Mean | n | Mean | n | Mean | n | Mean | n | Reference | Year |
| | | faculty | citations | | citations | | citations | | citations | | citations | | | published |
| Anesthesiology | Cardiothoracic | 259 | 26 | 8 | 117 | 123 | 422 | 56 | 1,040 | 63 | 2,925 | 9 | 24 | 2011 |
| | Gastroenterology | 80 | | | 78.5 | 28 | 505.3 | 25 | 2,126 | 27 | | | 12 | 2016 |
| Pediatrics | General | 116 | | | 41.4 | 29 | 429.3 | 29 | 2,097.5 | 28 | 3,436.6 | 30 | 12 | 2016 |
| | Nephrology | 80 | | | 82.3 | 28 | 513.8 | 25 | 2,073.3 | 27 | | | 12 | 2016 |
| Psychiatry | | 1601 | | | 258.3 | 911 | 756.3 | 387 | 2,641.5 | 303 | | | 28 | 2017 |
| Radiology | | 538 | | | 205 | 212 | 687 | 128 | 3,622 | 198 | | | 1 | 2016 |
| Sports medicine | | 313 | | | 321 | 134 | 921 | 88 | 3,592 | 91 | | | 25 | 2016 |
| Totals | | 2,987 | | 8 | | 1,465 | | 738 | | 737 | | 39 | | |

Supplementary Digital Appendix 5

Mean Number of Citations by Academic Rank and Subspecialty